

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) ▼

9900 Bren Road East

☐ Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer

Susan Sherwood

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 20 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 09 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		225407.90
(b) Cash on Hand at Beginning of Reporting Period.....	217654.75	
(c) Total Receipts (from Line 19) .....	61096.58	607244.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	278751.33	832652.08
7. Total Disbursements (from Line 31) .....	153000.00	706900.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	125751.33	125751.33
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
09 01 2015

To:

M M / D D / Y Y Y Y Y  
09 30 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

57910.62

495751.46

(ii) Unitemized .....

3185.96

110992.72

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

61096.58

606744.18

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

61096.58

606744.18

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

500.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

61096.58

607244.18

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

61096.58

607244.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	103000.00	545500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1850.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1850.75
29. Other Disbursements .....	50000.00	159450.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	153000.00	706900.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153000.00	706900.75

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	61096.58	606744.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1850.75
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61096.58	604893.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. WAYNE F COOK

Mailing Address 1022 GLENDEVON DRIVE

City State Zip Code  
 AMBLER PA 19002-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 11 2015

Transaction ID : 38548585

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. ELIZABETH DARCIE CORBIN

Mailing Address 7985 LEA CIRCLE

City State Zip Code  
 BLOOMINGTON MN 55438-1286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Hlth Care Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1412.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 11 2015

Transaction ID : 38548588

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code  
 INDIANAPOLIS IN 46256-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 11 2015

Transaction ID : 38548869

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOY M STEPHENS**

Mailing Address 7320 YORK AVE N

City

BROOKLYN PARK

State

MN

Zip Code

55443-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Bus Anlys

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : 38549045

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**B. KEITH A VOLLBERG**

Mailing Address 1001 NANDINA DR

City

WESTON

State

FL

Zip Code

33327-2481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Exec Dir

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : 38549132

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**C. JOHN L WILSON**Mailing Address 9450 E BECKER LANE  
APT 1044

City

SCOTTSDALE

State

AZ

Zip Code

85260-6718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

266.76

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : 38549148

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional)..... ►

42.04

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THERESA M CLARKE**

Mailing Address 16652 1/2 GRAND AVE

City  
BELLFLOWERState  
CAZip Code  
90706-5038FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

**Transaction ID : 38549257**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. LILLI ANN HIRSH**

Mailing Address 7379 DEVIN LANE

City  
SHAKOPEEState  
MNZip Code  
55379-7029FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

**Transaction ID : 38549354**

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**C. WADE HAPGOOD**

Mailing Address 330 NW 82ND

City  
TOPEKAState  
KSZip Code  
66617-2223FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

**Transaction ID : 38637857**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1053.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DEBORAH S STREB**

Mailing Address 2201 NORTH STAR ROAD

City	State	Zip Code
UPPER ARLINGTON	OH	43221-3810

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1159794139101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRIAN R BELLOWS**

Mailing Address 10 SHADOWOOD LANE

City	State	Zip Code
TRUMBULL	CT	06611-4062

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 E&I NA VP Sls Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1159803839101

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KEITH W NOBLITT**

Mailing Address 122 SOUTH OAK POINTE DR

City	State	Zip Code
SENECA	SC	29672-6764

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 SCE 3 NAs Ind Contr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1159805539101

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

98.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAMES S WATSON III**

Mailing Address 6520 SHENANDOAH DR

City  
LINCOLNState  
NEZip Code  
68510-5159FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR1159806039101**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID S WICHMANN**

Mailing Address 7000 ANTRIM ROAD

City  
EDINAState  
MNZip Code  
55439-1708FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

PRES &amp; CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR1159814739101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PATRICK J ERLANDSON**

Mailing Address 1000 OLD LONG LAKE ROAD

City  
WAYZATAState  
MNZip Code  
55391-9690FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHC International Services Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR1159815939101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

819.20

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM A MUNSELL**

Mailing Address 2119 WINDSONG CIRCLE

City

WAYZATA

State

MN

Zip Code

55391-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Advsr to Office of CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR1159816639101**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN S PENSHORN**

Mailing Address 120 BLACK OAKS LANE

City

WAYZATA

State

MN

Zip Code

55391-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Group

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR1159816939101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAUL D KALLMEYER**

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002-1530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR1159817439101**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

684.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS J QUIRK**

Mailing Address 4307 BEECHWOOD LANE

City  
DALLAS

State  
TX

Zip Code  
75220-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1159819139101

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID J FALK**

Mailing Address 323 LAWRENCE AVE

City

HIGHLAND PARK

State

NJ

Zip Code

08904-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1159820239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD J MIGLIORI**

Mailing Address PO BOX 72

City

WAYZATA

State

MN

Zip Code

55391-0072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Consumr Hlth Med Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1159827439101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

328.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. **BARBARA C BUENEMANN**

Mailing Address 128 ROSEBROOK DR

City  
**FLORISSANT**

State Zip Code  
**MO 63031-8633**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

United HealthCare Services Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

**09 / 30 / 2015**

Transaction ID : **PR1159828739101**

Amount of Each Receipt this Period

230.80

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **JEANNINE M RIVET**

Mailing Address 4305 TRILLIUM WAY

City  
**MINNETRISTA**

State Zip Code  
**MN 55364-7708**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

**09 / 30 / 2015**

Transaction ID : **PR1159830039101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **Mr. ANTHONY WELTERS**

Mailing Address 919 SAIGON ROAD

City  
**MCLEAN**

State Zip Code  
**VA 22102-2116**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

United HealthCare Services Inc

Occupation

Sr Advsr to Office of CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

**09 / 30 / 2015**

Transaction ID : **PR1332013239101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

792.28

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL J BRESOLIN**

Mailing Address 121 W VIEW STREET

City  
LOMBARDState  
ILZip Code  
60148-1659FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Dir Care Advo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR1551005739101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER R HOCK**

Mailing Address 215 WINDMILL HILL

City  
WETHERSFIELDState  
CTZip Code  
06109-2746FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR1551128939101**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL C MATTEO**

Mailing Address 25 JEREMIAHS WAY

City  
SOUTH GLASTONBURYState  
CTZip Code  
06073-3621FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR1551133439101**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

293.84

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JOHN O ENDERLE**

Mailing Address 31 ANDREIS TRAIL

City	State	Zip Code
SOUTH WINDSOR	CT	06074-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1554323539101

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CATHERINE E SPILLANE**

Mailing Address 3807 PLEASANT VALLEY DRIVE

City	State	Zip Code
MISSOURI CITY	TX	77459-4111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1554324639101

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CRAIG C ANDERSON**

Mailing Address 185 ASYLUM STREET CITY PLACE I

City	State	Zip Code
HARTFORD	CT	06103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1575957339101

Amount of Each Receipt this Period

227.50

P/R Deduction (\$113.75 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

375.96

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KAREN L ERICKSON**

Mailing Address 15348 RED OAKS ROAD SE

City  
PRIOR LAKEState Zip Code  
MN 55372-1834FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1575957639101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ERNEST MONFILETTO**

Mailing Address 3062 COMFORT ROAD

City  
NEW HOPEState Zip Code  
PA 18938-5622FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1575958139101**

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LEE D VALENTA**

Mailing Address 4701 GOLF TERRACE

City  
EDINAState Zip Code  
MN 55424-1514FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Pres Lif Scis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1575958539101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

923.04



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. LAURA A CAHILL**

Mailing Address 24 LAKE SIDE ROAD

City State Zip Code  
MOUNT KISCO NY 10549-4204

FEC ID number of contributing federal political committee.

C

Name of Employer

OPTUM SERVICES INC

Occupation

Sr Sols Sls Exec Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR1580863639101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT THOMAS WEBB**

Mailing Address 4516 DREXEL AVENUE

City State Zip Code  
EDINA MN 55424-1130

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR1580865339101

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RICHARD J HUGHES**

Mailing Address 735 SAINT MORITZ

City State Zip Code  
VICTORIA MN 55386-3706

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP COO of Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR1596304139101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

612.68

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THAD C JOHNSON**

Mailing Address 9741 GLACIER BAY

City

EDEN PRAIRIE

State

MN

Zip Code

55347-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR1596304339101**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL J SCHUMACHER**

Mailing Address 5401 LARADA LANE

City

EDINA

State

MN

Zip Code

55436-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR1596305439101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SCOTT E THEISEN**

Mailing Address 1950 MEADOWWOODS TRAIL

City

LONG LAKE

State

MN

Zip Code

55356-9312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR1596305639101**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

623.06

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 219

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THOMAS D LEWIS

Mailing Address 306 CHIPPEWA AVENUE

City  
TAMPAState  
FLZip Code  
33606-3614FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1596306939101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT W OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City  
EDINAState  
MNZip Code  
55424-1158FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1596307039101

Amount of Each Receipt this Period

220.00

P/R Deduction (\$110.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL J ANDERSON

Mailing Address 17907 INVERNESS CURVE

City  
EDEN PRAIRIEState  
MNZip Code  
55347-2155FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1596309339101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

440.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 219  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DIANE BEDNAR FLYNN**

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code  
TAMPA FL 33618-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR1596309739101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY P DOOLEY**

Mailing Address 1142 GREENBROOK DRIVE

City State Zip Code  
DANVILLE CA 94526-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR1596312139101**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KURT A HEUMANN**

Mailing Address 9825 GERALD DR

City State Zip Code  
SAINT LOUIS MO 63128-1767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR1596313739101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

141.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN A MALLATT**

Mailing Address 4304 SOUTH 167 AVENUE

City	State	Zip Code
OMAHA	NE	68135-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1596315439101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN H RENNICK JR**

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City	State	Zip Code
CHARLOTTE	NC	28269-7705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1596316839101

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL I ROSENTHAL**

Mailing Address 109 SLEEPY HOLLOW LANE

City	State	Zip Code
ORINDA	CA	94563-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR1596317339101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

307.68

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KEVIN J RUTH

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code  
SILVER SPRING MD 20905-5028

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP, Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR1596317439101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID C STURKEY

Mailing Address 1625 CONE FLOWER WAY

City State Zip Code  
SUWANEE GA 30024-8576

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR1596318439101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROXANNE THOMAS

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code  
CIRCLE PINES MN 55014-5488

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Prod

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR1596318939101

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

293.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEFFREY ALAN TODD**

Mailing Address 467 PRAIRIE WAY SOUTH

City  
BAYPORT

State Zip Code  
MN 55003-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1596319039101

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. M LAURIE WASSERSTEIN**

Mailing Address 92 GOODWIN CIRCLE

City  
HARTFORD

State Zip Code  
CT 06105-5205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1596319539101

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MYRON R WERLEY**

Mailing Address 4260 FOXBERRY COURT

City  
MEDINA

State Zip Code  
MN 55340-9390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR1596319639101

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

128.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JOHN P DODDY**

Mailing Address 1 ROXITICUS VIEW

City  
CHESTER

State  
NJ

Zip Code  
07930-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR1600597339101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL D MICHAUX**

Mailing Address 742 GOODRICH AVE

City  
SAINT PAUL

State  
MN

Zip Code  
55105-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP GM PCM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR1600598539101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LEWIS G SANDY**

Mailing Address 4800 SUNNYSLOPE ROAD E

City  
EDINA

State  
MN

Zip Code  
55424-1163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Clin Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR1600598739101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

478.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MATTHEW W PETERSON**

Mailing Address 2260 FOX STREET

City  
ORONOState  
MNZip Code  
55356-8316FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO Ancillary &amp; Ind/Sgt CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1602669939101**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY W MALONEY**

Mailing Address 6327 PASADENA POINT BLVD S

City  
GULFPORTState  
FLZip Code  
33707-3867FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1613243539101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM F KENNEDY**

Mailing Address 14 MYRA LN

City  
BURLINGTONState  
CTZip Code  
06013-1327FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1653443139101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

432.30

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS J BELLAMY**

Mailing Address 2743 THOMAS AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Sls Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR1653444339101**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL T SULLIVAN**

Mailing Address 57 QUORN HUNT ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR16534445839101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM TALAMANTES**

Mailing Address 6025 ORRIS STREET

City

MCLEAN

State

VA

Zip Code

22101-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Six Sigma Cnslt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR1806444739101**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

272.32

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. LORI A ARCHER

Mailing Address 2781 SADDLE CLUB ROAD

City  
GREENWOOD

State Zip Code  
IN 46143-9211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR1806750139101

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PAUL M EMERSON

Mailing Address 18855 MEADOW VIEW BLVD

City  
PRIOR LAKE

State Zip Code  
MN 55372-3133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum360 Services Inc

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR1806750339101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CATHERINE K ANDERSON

Mailing Address 57 SIMMONS LANE

City  
SEVERNA PARK

State Zip Code  
MD 21146-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR1903550739101

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

294.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN L BISHOP-HEROUX**

Mailing Address 145 COTTAGE RD

City  
ENFIELDState  
CTZip Code  
06082-2208FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1903560839101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT J DUFEK**

Mailing Address 816 PROMONTORY PLACE

City  
EAGANState  
MNZip Code  
55123-2297FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1903577139101**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN B EDBERG**

Mailing Address 9727 WELLINGTON RIDGE

City  
WOODBURYState  
MNZip Code  
55125-9592FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR1903578139101**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

290.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 29 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER T JOHNSON**

Mailing Address 12880 53RD STREET NORTH

City

STILLWATER

State

MN

Zip Code

55082-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR1903591139101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEVEN F PENN**

Mailing Address 6766 IDLEWOOD WAY

City

EDEN PRAIRIE

State

MN

Zip Code

55346-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR1903612939101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN C SANTELLI**

Mailing Address 20030 EXCELSIOR BLVD

City

EXCELSIOR

State

MN

Zip Code

55331-8727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP CIO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

Transaction ID : PR1903622039101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

306.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. LORI A STEERUP**

Mailing Address 7019 DONLEA LANE

City State Zip Code  
 EDEN PRAIRIE MN 55346-3164

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR1903628639101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAUL D WEYMOUTH**

Mailing Address 317 WRIGHTS MILL RD

City State Zip Code  
 COVENTRY CT 06238-1559

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR1903636939101

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAMELA JAMIAN**

Mailing Address 15316 COUTOLENC RD

City State Zip Code  
 MAGALIA CA 95954-9791

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR1910417439101

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

89.54

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 31 OF 219  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRADLEY E ALLEN**

Mailing Address 1046 THORNBERRY CREEK DR

City	State	Zip Code
ONEIDA	WI	54155-8632

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119466839101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RUSSELL A BENNETT**

Mailing Address 4 HALSEY AVE

City	State	Zip Code
LAGUNA NIGUEL	CA	92677-5327

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119468039101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHIE L BRYAN**

Mailing Address 912 JOSHUA PLACE

City	State	Zip Code
SAN DIEGO	CA	92154-2537

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Mktg Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119469439101**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. COLLEEN CAMPBELL**

Mailing Address 4936 LONGMEADOW PARK ST

City State Zip Code  
 ORLANDO FL 32811-7485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2119469939101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. RICHARD A CROSS**

Mailing Address 11361 DONOVAN ROAD

City State Zip Code  
 ROSSMOOR CA 90720-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2119471839101**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. KENNETH R DAVIS**

Mailing Address 315 N 71ST ST

City State Zip Code  
 SEATTLE WA 98103-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2119472539101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LINDA M DAYAN**

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code  
LONG BEACH CA 90815-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2119472639101**

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TODD J DEMBROSKI**

Mailing Address 1390 FINCH LN

City State Zip Code  
GREEN BAY WI 54313-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Act Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2119472839101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. AMY J GILDERNICK**

Mailing Address 2709 WILLIAMS GRANT

City State Zip Code  
DE PERE WI 54115-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Assc Dir Clms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2119475239101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

108.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID M HANSEN**

Mailing Address 33 VIA CONOCIDO

City

SAN CLEMENTE

State

CA

Zip Code

92673-7044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2119476739101**

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MADELINE L HARLAN**

Mailing Address 3444 CORTES PLACE

City

ROUND ROCK

State

TX

Zip Code

78665-5666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.40

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2119476939101**

Amount of Each Receipt this Period

28.90

P/R Deduction (\$14.45 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SAMUEL W HO**

Mailing Address 4220 OCEAN DR

City

MANHATTAN BEACH

State

CA

Zip Code

90266-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Grp Chief Clin Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2119477939101**

Amount of Each Receipt this Period

307.60

P/R Deduction (\$153.80 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

606.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 35 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRIAN JEFFREY**

Mailing Address 9 RIMROCK

City

IRVINE

State

CA

Zip Code

92603-3604

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2119479139101

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN D JONES**

Mailing Address 725 N RANCHO SANTIAGO BLVD

City

ORANGE

State

CA

Zip Code

92869-1951

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2119479239101

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK C KNUTSON**

Mailing Address 19312 FAIRHAVEN EXT

City

SANTA ANA

State

CA

Zip Code

92705-6310

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Cust Service

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2119480239101

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

272.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SANDY M LUEDKE**

Mailing Address 1208 COPRINUS DR

City  
GREEN BAYState  
WIZip Code  
54313-7286FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED HEALTHCARE SVS INC

Occupation

IT Database Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119482239101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. HEATHER M MACE-MEADOR**

Mailing Address 13531 CARLTON OAKS

City  
SAN ANTONIOState  
TXZip Code  
78232-4902FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119482539101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY S MASON**

Mailing Address 6318 DWANE AVENUE

City  
SAN DIEGOState  
CAZip Code  
92120-3836FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119483039101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. SCOTT A NEURURER**

Mailing Address 23822 VIA MONTE

City State Zip Code  
COTO DE CAZA CA 92679-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2119484939101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. KEITH E NYGARD**

Mailing Address 1139 E OCEAN BOULEVARD  
#106

City State Zip Code  
LONG BEACH CA 90802-6521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED HEALTHCARE SVS INC

Occupation  
Compli Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2119485039101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. TRACY L OLLMANN-WAGNER**

Mailing Address 2839 TIMBER LANE

City State Zip Code  
GREEN BAY WI 54313-5841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED HEALTHCARE SVS INC

Occupation  
Mgr Sls Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2119485239101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

98.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LYNDA A PAXSON**

Mailing Address 3924 E GARNET PL

City	State	Zip Code
HIGHLANDS RANCH	CO	80126-5044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED HEALTHCARE SVS INCOccupation  
Sr Field Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119485839101**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DIANA S PETE**

Mailing Address 9010 MORNINGSTAR DRIVE

City	State	Zip Code
SUGAR LAND	TX	77479-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Utilization Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119486339101**

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHELLE LYNN PETERS**

Mailing Address 1128 COUNTRYSIDE DR

City	State	Zip Code
DE PERE	WI	54115-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Act Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119486439101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

104.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. AUSTIN T PITTMAN**

Mailing Address 14 LOCH RIDGE DRIVE

City	State	Zip Code
GREENSBORO	NC	27408-3868

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2119486739101

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CYNTHIA L POLICH**

Mailing Address 3401 E VIA PALOMITA

City	State	Zip Code
TUCSON	AZ	85718-3371

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2119486839101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES E PROCHNOW**

Mailing Address 143 RUSTIC OAK DRIVE

City	State	Zip Code
LUXEMBURG	WI	54217-7320

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2119487239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

498.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SHARON A RICCIUTI**

Mailing Address 55 PERENNIAL

City	State	Zip Code
IRVINE	CA	92603-0621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Bus Anlys Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119487939101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARILYNN D STYERS**

Mailing Address 8027 LAKERIDGE DR SE

City	State	Zip Code
LACEY	WA	98503-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119490739101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHERYL TANIGAWA MD**

Mailing Address 5598 NAPLES CANAL

City	State	Zip Code
LONG BEACH	CA	90803-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Entrprs Hlth Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2119491139101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

260.38

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHERYL A THOMSON**

Mailing Address 222 FOREST DR

City

SOBIESKI

State

WI

Zip Code

54171-9748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Compli

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2119491639101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEVEN M TUCKER**

Mailing Address 12331 COUNTRY LANE

City

SANTA ANA

State

CA

Zip Code

92705-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2119492039101**

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN VANASTEN**

Mailing Address N2249 NICOLE COURT

City

KAUKAUNA

State

WI

Zip Code

54130-9462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Site Dir Medicr Ins Slis

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2119492639101**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

302.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 42 OF 219  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SCOTT B WESTPHAL**

Mailing Address 4536 ROCKY RUN LN

City  
OCONTOState  
WIZip Code  
54153-9268FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2119493239101

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LINDA D DAUGHERTY**

Mailing Address 15442 NORTH 19TH WAY

City  
PHOENIXState  
AZZip Code  
85022-3329FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2119493539101

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GREGORY WRIGHT**

Mailing Address 13901 MAUVE DRIVE

City  
SANTA ANAState  
CAZip Code  
92705-2649FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2119494139101

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

113.08

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 43 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. GEORGE M YOUNG**

Mailing Address 36296 N 98TH WAY

City

SCOTTSDALE

State

AZ

Zip Code

85262-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR2119494439101

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN TYLER J MASON**

Mailing Address PO BOX 2083

City

CYPRESS

State

CA

Zip Code

90630-1583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Comm

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR2126373839101

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. FORREST G BURKE**

Mailing Address 380 LEAF STREET

City

ORONO

State

MN

Zip Code

55356-9733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres PS Labor Trust

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

Transaction ID : PR2133132439101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

614.60

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM R COLEMAN**

Mailing Address 831 RATLEY ROAD

City

WEST SUFFIELD

State

CT

Zip Code

06093-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Clms

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2133132539101**

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL M CUMMINGS**

Mailing Address 1929 FAIRMOUNT AVE

City

SAINT PAUL

State

MN

Zip Code

55105-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Fin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2133132639101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BROR O HULTGREN**

Mailing Address 408 22ND ST

City

GOLDEN

State

CO

Zip Code

80401-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2133133239101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

246.30

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 45 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ALLEN D MILLER**

Mailing Address 6209 CRESCENT DRIVE

 City  
 EDINA

 State  
 MN

 Zip Code  
 55436-2530

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 Optum Services, Inc

 Occupation  
 Regn Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2133133639101**

Amount of Each Receipt this Period

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUSAN C MORISATO**

Mailing Address 238 ARDMORE ROAD

City

DES PLAINES

State

IL

Zip Code

60016-2119

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Pres Insurance Sols

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2133133839101**

Amount of Each Receipt this Period

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KIMBERLY ALLENE NETTLETON**

Mailing Address 5003 DARNELL

City

HOUSTON

State

TX

Zip Code

77096-1510

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Dir Prod

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2133133939101**

Amount of Each Receipt this Period

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. T JEFFREY PUTNAM**

Mailing Address 303 ELMWOOD PLACE WEST

City	State	Zip Code
MINNEAPOLIS	MN	55419-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Fin Plng Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2133134239101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DIANE M SCHIMMELBUSCH**

Mailing Address 2203 RIVER FALLS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2133134639101**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBERT C FALKENBERG**

Mailing Address 6069 WEATHERED OAK CT

City	State	Zip Code
WESTERVILLE	OH	43082-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2145728439101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

511.52

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code  
 AUSTIN TX 78737-9358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2145729539101

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANNETTE L SMITH

Mailing Address 4200 ALDEN DRIVE

City State Zip Code  
 EDINA MN 55416-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3860.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2145729939101

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARGARET W SPARKS

Mailing Address 26091 RED CORRAL ROAD

City State Zip Code  
 LAGUNA HILLS CA 92653-6310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2145730239101

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

516.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID A SPIVACK**

Mailing Address 37 HIDDEN TRAIL

City	State	Zip Code
IRVINE	CA	92603-0212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2162867639101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KURT C LEWIS**

Mailing Address 961 RIVER FOREST DRIVE

City	State	Zip Code
MAINEVILLE	OH	45039-7720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SB KA VP Sls Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2203967539101**

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTINE W GIBSON**

Mailing Address 8516 29TH AVE N

City	State	Zip Code
NEW HOPE	MN	55427-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Strat Initiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2225166739101**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

638.44



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEAN-FRANCOIS BEAULE**

Mailing Address 7 STRATFORD RD

City

FARMINGTON

State

CT

Zip Code

06032-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Hlth Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2225813639101**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. NANCY SUSAN CARRUTH**

Mailing Address 753 WOOD HILL DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317-9561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir IT Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2225818439101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL MCGUIRE**

Mailing Address 437 DRURY LANE

City

WYCKOFF

State

NJ

Zip Code

07481-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2225818839101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

222.32

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ERIC S RANGEN**

Mailing Address 15348 RED OAKS ROAD SE

City  
PRIOR LAKEState  
MNZip Code  
55372-1834FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Chief Acctng Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2225819339101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN D RYAN**

Mailing Address 45 WESTMORELAND LN

City  
NAPERVILLEState  
ILZip Code  
60540-5817FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

RVP Clnt Mgmt Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2225819639101**

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROY THOMAS SAILOR**

Mailing Address 276 COYOTE WILLOW DRIVE

City  
COLORADO SPRINGSState  
COZip Code  
80921-7631FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2225819739101**

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

653.82

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHAEL LEE CORNE**

Mailing Address 12642 CHIEFS COURT

City  
FISHERSState  
INZip Code  
46037-9553FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2231346939101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL R CONNLY**

Mailing Address 570 MONTCALM PL

City  
SAINT PAULState  
MNZip Code  
55116-1730FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief Tech Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2247625839101**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOSEPH R CARCIONE JR**

Mailing Address 11 CARRIAGE WAY

City  
WHITE PLAINSState  
NYZip Code  
10605-5424FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2247626839101**

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

343.40

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KEVIN DAVID KANTOLA**

Mailing Address 7031 HALSTEAD DRIVE

City

MINNETRISTA

State

MN

Zip Code

55364-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : PR2247627039101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DENNIS P O'BRIEN**

Mailing Address 61 LOUGHLIN AVE

City

COS COB

State

CT

Zip Code

06807-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : PR2247627339101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFERY RICHARD VERNEY**

Mailing Address 266 WESTLEDGE ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : PR2247627439101

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

385.70

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 219  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SANJAY GARODIA**

Mailing Address 110 COVINGTON COURT

City State Zip Code  
OAK BROOK IL 60523-2574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2247627839101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL L OHMAN**

Mailing Address 8970 MOOR PARK RUN

City State Zip Code  
DULUTH GA 30097-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2247628039101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN M PRINCE**

Mailing Address 546 HARRINGTON ROAD

City State Zip Code  
WAYZATA MN 55391-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Mkt Group COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2259738439101

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

463.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER L CRONN**

Mailing Address 1122 COLORADO STREET  
SUITE 2399

City State Zip Code  
AUSTIN TX 78701-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2270522939101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MJ FRASCINO**

Mailing Address 7 PIONEER DRIVE

City State Zip Code  
ELLINGTON CT 06029-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2402316539101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANGELA DAWN KEPLEY CARRIER**

Mailing Address 3219 PENINSULA DRIVE

City State Zip Code  
JAMESTOWN NC 27282-8717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2402317739101

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

144.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MARILYN LEVI-BAUMGARTEN**

Mailing Address 4800 W 27TH ST

City

SAINT LOUIS PARK

State

MN

Zip Code

55416-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2402317939101

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAKE LOGAN**

Mailing Address 4826 EAST CALLE REDONDA

City

PHOENIX

State

AZ

Zip Code

85018-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2402318239101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STACY S MCGRATH**

Mailing Address 5801 CHOWEN AVE S

City

EDINA

State

MN

Zip Code

55410-2759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2402318539101

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

262.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. SHELLEY WIKE CRANLEY**

Mailing Address 3801 MAURICE COURT

City

LAS VEGAS

State

NV

Zip Code

89108-5245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR240244439101

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAY M ANLIKER**

Mailing Address 4306 MOUNTAIN LANE

City

WAUSAU

State

WI

Zip Code

54401-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO TPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2402445039101

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES H BECKER**

Mailing Address 378 FERNDAL ROAD WEST

City

WAYZATA

State

MN

Zip Code

55391-1559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2402445139101

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

474.60



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JAMES C COLEMAN

Mailing Address 4720 WEST 66TH STREET

City  
EDINAState  
MNZip Code  
55435-1506FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Grp SVP, Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2402445239101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN L LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-4726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3860.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2402445639101

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOY O HIGA

Mailing Address 2208 ELM AVENUE

City

MANHATTAN BEACH

State

CA

Zip Code

90266-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2402446239101

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

646.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CORY ALEXANDER**

Mailing Address 4203 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2405428839101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KAREN ANN SAELENS**

Mailing Address 105 N FLORENCE AVE

City

LITCHFIELD PARK

State

AZ

Zip Code

85340-4424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2408544839101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHLYN G WEE**

Mailing Address 2225 46TH ST NW

City

WASHINGTON

State

DC

Zip Code

20007-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP State Sls OptumI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2408545039101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

464.60

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEFFREY SEAN CORZINE**

Mailing Address 9350 TRACEYTON DRIVE

City	State	Zip Code
DUBLIN	OH	43017-9689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2437119739101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM A HAGAN**

Mailing Address 6536 E GREYTHORN DRIVE

City	State	Zip Code
SCOTTSDALE	AZ	85266-6761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2437120039101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. RITA FAYE JOHNSON-MILLS**

Mailing Address 235 GOVERNORS WAY

City	State	Zip Code
BRENTWOOD	TN	37027-8931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2437120139101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

146.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 219

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. JACK S WEISS**

Mailing Address 6245 NORTH 75 STREET

City	State	Zip Code
SCOTTSDALE	AZ	85250-4621

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Bus Seg Chief Med Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2437120539101

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAUL JOSEPH BALTHAZOR**

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City	State	Zip Code
BROOKLYN PARK	MN	55443-1754

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Bus Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2437120739101

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LAURA L NESS**

Mailing Address 10550 PINNACLE WAY

City	State	Zip Code
WOODBURY	MN	55129-4282

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2437121539101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

248.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN W COSGRIFF**

Mailing Address 1837 SUMMIT LANE

City State Zip Code  
 MENDOTA HEIGHTS MN 55118-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2437121639101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PETER W RAINEY**

Mailing Address 3115 WEST 47 STREET

City State Zip Code  
 MINNEAPOLIS MN 55410-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2437127539101**

Amount of Each Receipt this Period

230.00

P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBIN E LIPPERT**

Mailing Address UNIT 9600 BOX 2

City State Zip Code  
 DPO AP 96209-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP External Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2439928039101**

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

999.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. STEPHEN M HEYMAN**

Mailing Address 5300 SHERRILL AVENUE

City State Zip Code  
 CHEVY CHASE MD 20815-3720

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2444265739101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DONALD S LANGER**

Mailing Address 5110 OAK RAMBLING DRIVE

City State Zip Code  
 KATY TX 77494-1971

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2445015439101

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. NANCY A LIND**

Mailing Address 2703 NORTHVIEW LANE

City State Zip Code  
 CEDAR FALLS IA 50613-1655

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2445016239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

268.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. AMY R ADLINGTON SHKABERIN**

Mailing Address 4329 EWING AVE S

City  
MINNEAPOLISState  
MN Zip Code  
55410-1342FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2445016439101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID B SIEGEL**

Mailing Address 264 LAKEWOOD DRIVE

City  
BLOOMFIELD HILLSState  
MI Zip Code  
48304-3531FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2445017139101**

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. EILEEN J LIVERANI**

Mailing Address 100 BOSTOCK ROAD

City  
SHOKANState  
NY Zip Code  
12481-5400FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Cust Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2460167239101**

Amount of Each Receipt this Period

55.40

P/R Deduction (\$27.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

338.96

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DANIEL KRAJNOVICH**

Mailing Address 9958 BUTTOWNDOWN LANE

City  
ZIONSVILLEState  
INZip Code  
46077-8135FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2460167339101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JUNE THIELEN**

Mailing Address 6245 WAKEFIELD COURT

City  
SHAKOPEEState  
MNZip Code  
55379-7091FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2460167539101**

Amount of Each Receipt this Period

27.60

P/R Deduction (\$13.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LARRY C RENFRO**

Mailing Address 5 DOVE LANE

City  
ANDOVERState  
MAZip Code  
01810-2845FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VICE CHAIRMAN &amp; CEO Optum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2460168139101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

452.20

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID B ORBUCH**

Mailing Address 3370 SYCAMORE LANE

City

PLYMOUTH

State

MN

Zip Code

55441-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2460168239101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ERIC J WEXLER**

Mailing Address 7220 WILLOW OAK DR

City

WEST BLOOMFIELD

State

MI

Zip Code

48324-3081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2463723139101

Amount of Each Receipt this Period

64.00

P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUE SCHICK**

Mailing Address 1220 DENBIGH LANE

City

WAYNE

State

PA

Zip Code

19087-4644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2480620539101

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

640.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER MARK ABBOTT**

Mailing Address W154N6076 HICKORY HOLLOW CT

City State Zip Code  
MENOMONEE FALLS WI 53051-5891

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2484541539101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MATTHEW A BURNS**

Mailing Address 2724 BISON DRIVE

City State Zip Code  
EDMOND OK 73034-3475

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2484541739101

Amount of Each Receipt this Period

47.60

P/R Deduction (\$23.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LILLIAN R HECKMAN**

Mailing Address 552 DEER LAKE CIRCLE

City State Zip Code  
BLUE BELL PA 19422-1371

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2484542139101

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MARK A PHILLIPS**

Mailing Address 1760 LUCY RIDGE CT

City  
CHANHASSEN

State  
MN

Zip Code  
55317-7661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2484542639101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. JERI G KUBICKI**

Mailing Address 7659 COLDSTREAM DRIVE

City  
CINCINNATI

State  
OH

Zip Code  
45255-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2486697839101

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. THOMAS B MANDERFELD**

Mailing Address 3760 WEST CALHOUN PARKWAY

City  
MINNEAPOLIS

State  
MN

Zip Code  
55410-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Capital Mkt Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2486697939101

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

656.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DIRK C MCMAHON**

Mailing Address 60 WILDHURST ROAD

City  
EXCELSIOR

State Zip Code  
MN 55331-8461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
EVP ENTRPRS OPS/TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2491457039101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DONALD H NATHAN**

Mailing Address 275 GREENWICH STREET #30

City  
NEW YORK

State Zip Code  
NY 10007-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Chief Comm Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2491457339101

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHRYN M SULLIVAN**

Mailing Address 530 N LAKE SHORE DR # 2309

City  
CHICAGO

State Zip Code  
IL 60611-7435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
CEO E&I Regions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2491457539101

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

778.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 219  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. MARTIN C TOOMB**

Mailing Address 4 STANLEY TERRACE

City State Zip Code  
DOVER NJ 07801-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR2538641539101**

Amount of Each Receipt this Period

300.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. KARA V SMITH**

Mailing Address 610 CRESTWOOD DRIVE

City State Zip Code  
ALEXANDRIA VA 22302-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR2540175339101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. HYLLIUS R EDWARDS**

Mailing Address 1541 S VINE STREET

City State Zip Code  
DENVER CO 80210-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHC International Services Inc

Occupation  
External Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR2541300439101**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

514.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. PATRICIA A PURDY**

Mailing Address 7417 LYNNHURST STREET

City State Zip Code  
 CHEVY CHASE MD 20815-3101

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1963.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2541300639101

Amount of Each Receipt this Period

196.30

P/R Deduction (\$98.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOELLE M TIERNEY**

Mailing Address 5710 TAYCHOPERA RD

City State Zip Code  
 MADISON WI 53705-1020

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2541300739101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN VERSAGGI**

Mailing Address 800 ALBANY AVENUE

City State Zip Code  
 ALEXANDRIA VA 22302-3501

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2541300839101

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

465.54

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRENDAN HOSTETLER**

Mailing Address 2309 W WINNEMAC AVE

City  
CHICAGOState  
ILZip Code  
60625-1817FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2542541939101**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD E RAMSAY**

Mailing Address 543 E LURAY AVE

City  
ALEXANDRIAState  
VAZip Code  
22301-1605FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2542542239101**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. IPYANA SPENCER**

Mailing Address 4226 40TH STREET NORTH

City  
ARLINGTONState  
VAZip Code  
22207-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2542542339101**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

220.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. ANNE YAU**

Mailing Address 9905 WOODLAND DRIVE

City  
SILVER SPRINGState  
MDZip Code  
20902-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

External Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2543582539101

Amount of Each Receipt this Period

85.46

P/R Deduction (\$42.73 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHANTA G COMBS**

Mailing Address 4229 SUMMERTREE DRIVE

City  
TALLAHASSEEState  
FLZip Code  
32311-3331FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2552313539101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEANNE M PACE**

Mailing Address 458 MORENO ROAD

City  
WYNNEWOODState  
PAZip Code  
19096-1124FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Sr Acct Exe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2552313739101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

240.38

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEFFREY D ALTER

Mailing Address 3 WOODLAND ROAD

City State Zip Code  
 PORT JEFFERSON NY 11777-1053

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2552960239101

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEVIN BROOKS

Mailing Address 2750 FOUNTAIN LANE NORTH

City State Zip Code  
 PLYMOUTH MN 55447-1705

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Dir Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2552961039101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARK A BRUNELL

Mailing Address 20 VERMILION CLIFFS

City State Zip Code  
 ALISO VIEJO CA 92656-8096

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2552961239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

440.60

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEREMY VAUGHN BRYANT

Mailing Address 4534 MYSTIQUE WAY

City  
ROSWELL

State Zip Code  
GA 30075-2087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2552961339101

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL A EHLMAN

Mailing Address 10051 VALLEY RIDGE COURT

City  
LAS VEGAS

State Zip Code  
NV 89148-7602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Plan of Nevada

Occupation  
Dir Apps Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2552962239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SCOTT F FLANNERY

Mailing Address 8508 TRELADY CT

City  
PLANO

State Zip Code  
TX 75024-6827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn Growth Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2552962339101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

176.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 219  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM W GWINN JR**

Mailing Address 9302 CENTURY OAK COURT

City  
BRENTWOOD

State Zip Code  
TN 37027-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Dir Proj Rsch Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : PR2552962639101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CLAIRE L HANNAN**

Mailing Address 25932 PORTAFINO DRIVE

City  
MISSION VIEJO

State Zip Code  
CA 92691-5716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : PR2552962739101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GREGORY J JAMES**

Mailing Address 2323 KINGS POINT DRIVE

City  
LARGO

State Zip Code  
FL 33774-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : PR2552963239101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

298.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. NARASIMHAN KIDAMBI**

Mailing Address 18477 85TH AVE N

City

MAPLE GROVE

State

MN

Zip Code

55311-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Bus Anlys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2552963839101**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JULIE K MACLEOD**

Mailing Address 15314 JEFFERS PASS NW

City

PRIOR LAKE

State

MN

Zip Code

55372-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2552964439101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHELLE MARTO**

Mailing Address 149 WILLIAMSBURG COURT

City

ALBANY

State

NY

Zip Code

12203-5502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2552964739101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. **CARL A MATTSO**

Mailing Address 539 ROUTE 9P

City State Zip Code  
 SARATOGA SPRINGS NY 12866-7279

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2552964839101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **MICHAEL D MORRIS**

Mailing Address 2624 N HARTLAND COURT

City State Zip Code  
 CHICAGO IL 60614-4955

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2552965039101

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **LESLIE K PAULUS**

Mailing Address 305 E TUCKEY LN

City State Zip Code  
 PHOENIX AZ 85012-1048

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2552965239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

86.76

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 219  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GARY W PEKA**

Mailing Address 8350 CRABAPPLE COURT

City State Zip Code  
VICTORIA MN 55386-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Six Sigma Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

**Transaction ID : PR2552965339101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DONALD W POTTER JR**

Mailing Address 116 FULLER LANE

City State Zip Code  
WINNETKA IL 60093-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
NA VP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

**Transaction ID : PR2552965439101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KRISTINE G SAMSEL**

Mailing Address 91 WAVERLY RD

City State Zip Code  
HUNTINGTON CT 06484-5835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

**Transaction ID : PR2552965739101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BARRY R STREIT**

Mailing Address 5421 KELLOGG AVENUE

City State Zip Code  
 EDINA MN 55424-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 RVP Medicr Field Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2552966739101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ANN R TINKER**

Mailing Address 530 HUNTER FLAT STREET

City State Zip Code  
 LAS VEGAS NV 89138-1110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Dir Compli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2552966839101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS C VANDERHEYDEN**

Mailing Address 534 WAYZATA BLVD E

City State Zip Code  
 WAYZATA MN 55391-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Prd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2552966939101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. AARON C WACKER**

Mailing Address 4704 CAVAN ROAD

City  
MOUNDState  
MNZip Code  
55364-1877FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Dir Apps Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2552967039101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SCOTT A NAASZ**

Mailing Address 14327 BLUEBIRD TRAIL NE

City  
PRIOR LAKEState  
MNZip Code  
55372-1204FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Cust Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2553474739101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MONICA L RAYBURN**

Mailing Address 5127 JACKSON PONDS CT

City  
SUGAR LANDState  
TXZip Code  
77479-4656FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2553475139101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 219

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ANDREW J SULLIVAN**

Mailing Address 1101 ROSEWOOD DRIVE

City	State	Zip Code
ATLANTA	GA	30306-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Adv/Tech Cnslt Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2553475339101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD D THOMAS**

Mailing Address 5121 DUPONT AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55419-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2553475439101**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DENEEN VOJTA**

Mailing Address 5201 KELLOGG AVENUE

City	State	Zip Code
EDINA	MN	55424-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Bus Initiv Clin Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3860.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2553475539101**

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

608.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DANIEL J ZERAFA**

Mailing Address 61234 ADMIRAL DRIVE

City	State	Zip Code
WASHINGTON TOWNSHIP	MI	48094-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2553475739101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. COLLEEN C COHAN**

Mailing Address 17402 SAINT THERESA DRIVE

City	State	Zip Code
OLNEY	MD	20832-2547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2554012739101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHELLY A ESPINOSA**Mailing Address 777 EXCELSIOR BLVD  
#209

City	State	Zip Code
EXCELSIOR	MN	55331-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Found/Social Resp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2554012939101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

86.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KARSTEN S FLAGSTAD**

Mailing Address 13420 JAY ST NW

City  
ANDOVERState  
MNZip Code  
55304-4015FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2554013039101**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PATRICK J MEYER**

Mailing Address 20676 HAZELWOOD TRAIL

City  
LAKEVILLEState  
MNZip Code  
55044-4678FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2554013139101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS W MOORE**

Mailing Address 10733 TAVISTOCK DRIVE

City  
TAMPAState  
FLZip Code  
33626-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Sls Dir Care Mgmt & Del

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2554013239101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

256.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GREGORY D REIDY**

Mailing Address 5251 MCGAVOCK RD

City  
BRENTWOODState  
TNZip Code  
37027-5197FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2554013339101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ALICE C FERREIRA**

Mailing Address 18 BRITTANY AVENUE

City  
TRUMBULLState  
CTZip Code  
06611-1105FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2554208139101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ASIR U AHMAD**

Mailing Address 1935 HILLWOOD DRIVE

City  
BLOOMFIELD HILLSState  
MIZip Code  
48304-2420FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2560064039101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

132.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 219  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOY L ALEXANDER**

Mailing Address 5116 NORTH TIOGA WAY

City  
LAS VEGAS

State Zip Code  
NV 89149-5830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Plan of Nevada

Occupation  
Dir Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2560064139101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JIM L BENNETT**

Mailing Address 3724 PINE TIP ROAD

City  
TALLAHASSEE

State Zip Code  
FL 32312-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2560064239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DANIEL J CLUTE**

Mailing Address 7756 N 85TH STREET

City  
OMAHA

State Zip Code  
NE 68122-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2560064439101

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 219  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. PAULA A GAZELEY**

Mailing Address 36 MAYFAIR ROAD

City State Zip Code  
WYNANTSKILL NY 12198-8018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Regn Pharm Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2560064839101

Amount of Each Receipt this Period

280.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. DONALD J GIANCURSIO**

Mailing Address 72 MIDNIGHT RIDGE DR

City State Zip Code  
LAS VEGAS NV 89135-1680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Plan of Nevada

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3860.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2560064939101

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JERI L JONES**

Mailing Address 512 W ORANGEWOOD AVE

City State Zip Code  
PHOENIX AZ 85021-7252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2560065139101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

606.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SHELDON LIPPMAN**

Mailing Address 55 CLIFFFIELD ROAD

City  
BEDFORDState  
NYZip Code  
10506-1210FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2560065439101

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY D LUCHT**

Mailing Address 33 FOUR SEASONS DR

City  
ALTONState  
NHZip Code  
03809-4872FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Act Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2560065639101

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KEVIN MICHAEL MARONEY**

Mailing Address 5052 NORMAN DRIVE

City  
MINNETONKAState  
MNZip Code  
55345-4636FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2560065739101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

416.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 88 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DONALD G MELNYK**

Mailing Address 141 MONROE STREET

City	State	Zip Code
GARFIELD	NJ	07026-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Dir IT Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2560065939101**

Amount of Each Receipt this Period

28.28

P/R Deduction (\$14.14 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID MILICH**

Mailing Address 2702 BIRCHMERE COURT

City	State	Zip Code
KATY	TX	77450-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2560066039101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM B O'BRYANT**

Mailing Address 22191 WESTCLIFF

City	State	Zip Code
MISSION VIEJO	CA	92692-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2560066139101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

134.28

**TOTAL** This Period (last page this line number only)..... ►



X	11a		11b		11c		12		
	13		14		15		16		17

UnitedHealth Group Incorporated PAC (United for Health)

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DEBRA COLLEEN DATTA**

Mailing Address 1415 A STREET SE

City  
WASHINGTONState  
DCZip Code  
20003-1524FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2560398039101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KRISTA J DICKMAN**

Mailing Address 2533 ONYX DRIVE

City  
SHAKOPEEState  
MNZip Code  
55379-2770FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Proj Mgr III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2560398139101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GEORGE N KOREAN**

Mailing Address 6 VERANO

City  
FOOTHILL RANCHState  
CAZip Code  
92610-1827FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2560398539101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

86.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 91 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY J NOEL**

Mailing Address 4316 FREMONT AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55409-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SVP Prd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2560398839101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT W WULF**

Mailing Address 622 N 11TH ST

City	State	Zip Code
WAUSAU	WI	54403-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2560398939101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAMES CRONIN**

Mailing Address 241 WALLACE RD

City	State	Zip Code
BEDFORD	NH	03110-5144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2560821139101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

412.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PATRICK J O'BRIEN**

Mailing Address 33 BARRINGTON DRIVE

City

BEDFORD

State

NH

Zip Code

03110-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2560821439101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARIE A PERO**

Mailing Address 516 APPLE LANE

City

HARLEYSVILLE

State

PA

Zip Code

19438-2549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Prod

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2560821539101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRIAN W LUND**

Mailing Address 464 EAST NORTH AVE

City

GRANTSBURG

State

WI

Zip Code

54840-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2561457639101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LARRY W CAVANAUGH**

Mailing Address 520 NE 20TH ST # 1010

City

WILTON MANORS

State

FL

Zip Code

33305-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DENTAL BENEFIT PROV INC

Occupation

Spc Ben Govt Dntl Sls Mgr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2563211039101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JACQULYN M BARTON**

Mailing Address 1587 112 TH COURT WEST

City

INVER GROVE HEIGHTS

State

MN

Zip Code

55077-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Human Capital Partner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2563211239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANDREW C MACKENZIE**

Mailing Address 1912 IRVING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55403-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2564297139101

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

306.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 94 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. STEPHEN E SWANSON**

Mailing Address 3001 HUNTINGTON COURT

City	State	Zip Code
KATY	TX	77493-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2564297339101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. HARVEY J BALTHASER**

Mailing Address 3103 FLEECE FLOWER COVE

City	State	Zip Code
AUSTIN	TX	78735-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2564297539101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STEVEN C WALLI**

Mailing Address 538 QUAIL RIDGE LANE

City	State	Zip Code
SAINT ALBANS	MO	63073-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2564297639101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

232.92

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ELLEN L DAMATO**

Mailing Address 1300 DALHART DRIVE

City	State	Zip Code
ALLEN	TX	75013-5339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2564802239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOSH A WILLSON**

Mailing Address 201 ADAMS CT

City	State	Zip Code
COLLEYVILLE	TX	76034-6811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Spc Ben KA SB RVP Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2564802539101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER CHARLES CARLSON**

Mailing Address 12910 OVERLOOK ROAD

City	State	Zip Code
DAYTON	MN	55327-9679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2564802639101

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

96.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PAUL DANIEL HANSEN**

Mailing Address 18430 62ND PLACE NORTH

City State Zip Code  
 MAPLE GROVE MN 55311-4585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Controller Mkt Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : PR2564802739101**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARYELLEN GOODWIN**

Mailing Address 1678 BRIDGEWATER DRIVE

City State Zip Code  
 LAKE MARY FL 32746-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : PR2564802939101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KATHERINE L KENNY**

Mailing Address 22408 FITZGERALD DRIVE

City State Zip Code  
 LAYTONSVILLE MD 20882-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 SB VP of Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : PR2564803239101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PAUL O MARDEN**

Mailing Address 718 HICKORY HILL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2564803339101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DARREN C MOQUIST**

Mailing Address 1200 NICOLLET MALL #507

City

MINNEAPOLIS

State

MN

Zip Code

55403-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.20

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2564803439101**

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK BELLMAN**

Mailing Address 5601 VAN WINKLE LN

City

AUSTIN

State

TX

Zip Code

78739-1694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2564803539101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

298.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. LISA R WRIGHT

Mailing Address 6 VOLERRAN PATH LANE

City

MISSOURI CITY

State

TX

Zip Code

77459-1167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2564803739101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TAMMY A O'HARE

Mailing Address 2420 SAINT GEORGE WAY

City

BROOKEVILLE

State

MD

Zip Code

20833-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2564803939101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DEBRA J BERNS

Mailing Address 3209 GALLERIA  
UNIT 1705

City

EDINA

State

MN

Zip Code

55435-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Complnc/Ethics Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2564804039101

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. BARRY HOFER**

Mailing Address 10464 SHELTER GROVE

City State Zip Code  
 EDEN PRAIRIE MN 55347-4855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2564804139101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. TIMOTHY A WICKS**

Mailing Address PO BOX 44518

City State Zip Code  
 EDEN PRAIRIE MN 55344-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2565448639101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. DONNA M CRAIG**

Mailing Address 10761 INDEPENDENCE WAY

City State Zip Code  
 CARMEL IN 46032-9333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2565448839101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

132.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS C KUNST**

Mailing Address 4872 103RD STREET

City

PLEASANT PRAIRIE

State

WI

Zip Code

53158-6516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2566302139101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. NEIL A MANSUKHANI**

Mailing Address 4215 LAUREL RIDGE CIRCLE

City

WESTON

State

FL

Zip Code

33331-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir PEO SIs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2567129439101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DENISE V ZAMORE**

Mailing Address 75 HOCKANUM BLVD  
APT 1011

City

VERNON

State

CT

Zip Code

06066-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2567129539101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

84.08

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. WENDY D ARNONE**

Mailing Address 5243 E DESERT PARK LANE

City State Zip Code  
PARADISE VALLEY AZ 85253-3015

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2568900539101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER A PARRILLO**

Mailing Address 9501 WEXCROFT DRIVE

City State Zip Code  
BRENTWOOD TN 37027-3824

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2571778239101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRUCE E MOYER**

Mailing Address 18426 MAGENTA BAY

City State Zip Code  
EDEN PRAIRIE MN 55347-1051

FEC ID number of contributing federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : PR2571778339101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

347.22

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DUSTIN HINTON**

Mailing Address W132N6475 MARACH RD

City	State	Zip Code
MENOMONEE FALLS	WI	53051-6085

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2571978739101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARCUS A ROBINSON**

Mailing Address 590 SPENDER TRACE

City	State	Zip Code
DUNWOODY	GA	30350-5018

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 VP Sales - Harken

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2572588939101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHAUN R JACQUET**

Mailing Address 4332 FOREST RIDGE DRIVE

City	State	Zip Code
SUAMICO	WI	54313-8557

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2572589339101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.08

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

A. THOMAS E SMITH

Mailing Address 1502 EAST AVENUE NORTH

City

ONALASKA

State

WI

Zip Code

54650-7003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2572589539101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEVIN JAMES CARLSON

Mailing Address 4511 BROWDALE AVENUE

City

EDINA

State

MN

Zip Code

55424-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2572590039101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHARLES WACKER

Mailing Address 2747 WEST VIEW DRIVE

City

NEW PRAGUE

State

MN

Zip Code

56071-8989

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Sr Mkt Sls Exec Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2572590139101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

134.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHRISTINE OBRIEN**

Mailing Address 764 TOPAZ STREET

City

NEW ORLEANS

State

LA

Zip Code

70124-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2572590639101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMES R HARGIS**

Mailing Address 1820 ROSEDALE

City

EDMOND

State

OK

Zip Code

73013-6638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mgr Pharm Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2572590739101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KIMBERLEY S MILLER**

Mailing Address 16 CELONOVA PLACE

City

FOOTHILL RANCH

State

CA

Zip Code

92610-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2572591239101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

86.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 105 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS P WIFFLER**

Mailing Address 1421 SOMERFIELD DRIVE

City	State	Zip Code
BOLINGBROOK	IL	60490-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Bus Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2572992739101**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DARYL P RICHARD**

Mailing Address 24 WEST RIDGE DRIVE

City	State	Zip Code
WEST HARTFORD	CT	06117-2065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2574979039101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LESLIE C HARE**

Mailing Address 9029 SHEEP RANCH CT

City	State	Zip Code
LAS VEGAS	NV	89143-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Plan of NevadaOccupation  
Dir Clms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2574979439101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.08

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. HEATHER R CIANFROCCO**

Mailing Address 2799 WEST BARDONNER ROAD

City	State	Zip Code
GIBSONIA	PA	15044-8462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2574986239101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAMIE BURNETT**

Mailing Address 4625 EWING AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55410-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2574988239101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. HEIDI S KEMMER**

Mailing Address 2211 WEST ROCKROSE PLACE

City	State	Zip Code
CHANDLER	AZ	85248-4208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575021339101**

Amount of Each Receipt this Period

28.28

P/R Deduction (\$14.14 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

298.58

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 107 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. LAURA CRANDON**

Mailing Address 12827 MACBETH FARM LANE

City State Zip Code  
 CLARKSVILLE MD 21029-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : PR2575025239101**

Amount of Each Receipt this Period

263.14

P/R Deduction (\$131.57 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. LORI A VAN HOLMES**

Mailing Address 4117 BRYANT AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55409-1423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Human Capital Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : PR2575030939101**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. JENNIFER M O'BRIEN**

Mailing Address 4371 BENT TREE LANE

City State Zip Code  
 EAGAN MN 55123-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Chief Compli Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : PR2575034539101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

841.74

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 108 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEFFREY L MADDOX**

Mailing Address 207 MARY WIL CT

City

GREENSBORO

State

NC

Zip Code

27455-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575039539101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JULENE D DONNAY**

Mailing Address 17763 OAKLAND DRIVE NE

City

HAM LAKE

State

MN

Zip Code

55304-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Sourcing Prcrmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575046239101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. VIVIAN M LINDSAY**

Mailing Address 14930 SW 39 ST

City

DAVIE

State

FL

Zip Code

33331-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575054939101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

248.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CARY J MCCARTY**

Mailing Address 8800 RUMFIELD RD

City State Zip Code  
 NORTH RICHLAND HILLS TX 76182-6131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575059439101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARK T ALLEN**

Mailing Address 11359 ENTREVAUX DRIVE

City State Zip Code  
 EDEN PRAIRIE MN 55347-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575060239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SANDRA B NICHOLS**

Mailing Address 12706 YOUNG LANE

City State Zip Code  
 NORTH POTOMAC MD 20878-6112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Shared Svs Regn CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575074539101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

298.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RALPH B BECK**

Mailing Address W155 N5314 SHARPTAIL COURT

City	State	Zip Code
MENOMONEE FALLS	WI	53051-6771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575074939101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEBRA K BURNAM**

Mailing Address 740 VORTEX AVE

City	State	Zip Code
HENDERSON	NV	89002-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Medical Assoc. Inc.Occupation  
Dir Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575076239101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KAREN A UPCHURCH**

Mailing Address 5780 VICTORIA CT

City	State	Zip Code
WESTERVILLE	OH	43082-8680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575084439101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

133.08

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. GLEN J GOLEMI**

Mailing Address 1203 RUE DEGAS

City

MANDEVILLE

State

LA

Zip Code

70471-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575098839101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHARLES JACOBY**

Mailing Address 3315 IRVING AVE

City

MINNEAPOLIS

State

MN

Zip Code

55408-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir IT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575099239101**

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PHEBE M CHAMPION**

Mailing Address 34 REYBURN DRIVE

City

HENDERSON

State

NV

Zip Code

89074-2760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

Dir Cust Service

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575108339101**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

158.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SCOTT THOMAS LYDON**

Mailing Address 2 PLOWBOY PATH

City  
COMMACK

State Zip Code  
NY 11725-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR257512239101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ZOE C HUNT**

Mailing Address 4030 SERANGO COURT

City  
WEST LINN

State Zip Code  
OR 97068-2840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575136239101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEAN MCGANN**

Mailing Address 4 VILLAGE ROAD

City  
FLORHAM PARK

State Zip Code  
NJ 07932-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SB KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575146939101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.08



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KELLY L BEECHER**

Mailing Address 7640 CURIOSITY AVE

City  
LAS VEGASState  
NV  
Zip Code  
89131-4792FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Acctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575161139101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RON JONES**

Mailing Address 10066 ESCAMBIA BAY CT

City  
NAPLESState  
FL  
Zip Code  
34120-4621FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum360 Services IncOccupation  
SVP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575163539101**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SCOTT G CASSANO**

Mailing Address 4855 BUCKHORN BUTTE COURT

City  
LAS VEGASState  
NV  
Zip Code  
89149-5258FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Plan of NevadaOccupation  
Dir Prov Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575164439101**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

478.08

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 219  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. ROBERT C COSTIN**

Mailing Address 3109 SHADY SPRINGS DRIVE

City State Zip Code  
 LOUISVILLE KY 40299-4575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 PS Sr Sls Exe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : PR2575180739101**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. MICHAEL W WIELAND**

Mailing Address 6741 EAST SHADOW LAKE DRIVE

City State Zip Code  
 CIRCLE PINES MN 55014-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : PR2575181639101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. THOMAS J MCGUIRE**

Mailing Address 41 CUMBERLAND ROAD

City State Zip Code  
 WEST HARTFORD CT 06119-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : PR2575185439101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

258.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KRISTIN MOORE**

Mailing Address 3021 ROSEDALE AVENUE

City	State	Zip Code
DALLAS	TX	75205-1451

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2575194439101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL PATRICK STAMM**

Mailing Address 6721 MOSSY GLEN DR

City	State	Zip Code
FORT MYERS	FL	33908-4771

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2575194639101

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MITCHELL W GRANBERG**

Mailing Address 6721 GALWAY DRIVE

City	State	Zip Code
EDINA	MN	55439-1313

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2575196139101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

136.08

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PETER J MARTIN**

Mailing Address 7091 HIGHOVER DRIVE

City  
CHANHASSENState  
MNZip Code  
55317-7572FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575213639101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MATTHEW MACKINNON SHORS**

Mailing Address 4649 EWING AVENUE SOUTH

City  
MINNEAPOLISState  
MNZip Code  
55410-1745FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575222339101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANDREW C SEKEL**

Mailing Address 6010 LONESOME VALLEY TRAIL

City  
AUSTINState  
TXZip Code  
78731-3749FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575223739101**

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

376.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. HOWARD CHARLES GILPIN JR**

Mailing Address 1210 SHEPARD DRIVE

City

BLUE BELL

State

PA

Zip Code

19422-3481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Act Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575224939101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUSAN A KIRKPATRICK**

Mailing Address 417 STERLING STREET

City

LANCASTER

State

MA

Zip Code

01523-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575233639101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS G RUSSELL**

Mailing Address 10205 GROOMSBIDGE ROAD

City

JOHNS CREEK

State

GA

Zip Code

30022-5645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Empl Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575238639101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

134.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS C CHOATE**

Mailing Address 8749 THE ESPLANADE UNIT #10

City	State	Zip Code
ORLANDO	FL	32836-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575247839101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT A BROOMFIELD**

Mailing Address 12501 WEST 156TH STREET

City	State	Zip Code
OVERLAND PARK	KS	66221-2662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
UHC Sls RVP KA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575260439101**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TERRY R JONES**

Mailing Address 11856 NW 12TH MANOR

City	State	Zip Code
CORAL SPRINGS	FL	33071-5035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575279239101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

143.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 119 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SAMANTHA ANN MARCARIO**

Mailing Address 2117 CAMP INDIANHEAD ROAD

City

LAND O LAKES

State

FL

Zip Code

34639-5268

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575287839101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN J ESSLINGER**

Mailing Address 4944 W 151ST TERRACE

City

LEAWOOD

State

KS

Zip Code

66224-9744

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575288939101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS RAYMOND BEAUREGARD**

Mailing Address 161 SPRING VALLEY ROAD

City

RIDGEFIELD

State

CT

Zip Code

06877-1219

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres United Essentials

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575295139101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 120 OF 219

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN MONAGHAN**

Mailing Address 450 EDGEWOOD AVE

 City  
 WESTFIELD

 State  
 NJ

 Zip Code  
 07090-4353

 FEC ID number of contributing  
 federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575296839101**

Amount of Each Receipt this Period

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARY R MCEL RATH-JONES**

Mailing Address 100 AMHERST DRIVE

 City  
 NEW ROCHELLE

 State  
 NY

 Zip Code  
 10804-1800

 FEC ID number of contributing  
 federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575302139101**

Amount of Each Receipt this Period

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROBERT CHARLES HUGHES**

Mailing Address 68 OCEAN DRIVE

 City  
 SEABROOK

 State  
 NH

 Zip Code  
 03874-4712

 FEC ID number of contributing  
 federal political committee.

Name of Employer

Optum Services, Inc

Occupation

Mgr Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575304239101**

Amount of Each Receipt this Period

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 219

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. BRANDON E CUEVAS**

Mailing Address 25 STRATHMORE

City

LADERA RANCH

State

CA

Zip Code

92694-0549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575305639101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRADLEY W HUNT**

Mailing Address 6636 W SHORE DR

City

EDINA

State

MN

Zip Code

55435-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.73

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575310439101**

Amount of Each Receipt this Period

38.42

P/R Deduction (\$19.21 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRADLEY S TINNERMON**

Mailing Address 845 HICKORY SHOALS RD

City

MARIETTA

State

GA

Zip Code

30064-1182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum360 Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575311039101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

258.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAN T GRIMM**

Mailing Address 3608 WEST 85TH STREET

City  
LEAWOOD

State Zip Code  
KS 66206-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Mkt Sls SVP Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575314839101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JEFFREY A GOLDBERG**

Mailing Address 3410 BRADLEY LANE

City  
CHEVY CHASE

State Zip Code  
MD 20815-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Strat Clnt Rel Ex Optuml

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575326939101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL SIMONE**

Mailing Address 12 SCALIA COURT

City  
HAMILTON

State Zip Code  
NJ 08690-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575346739101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PATRICK R IMDIEKE**

Mailing Address 15900 WHITE PINE DRIVE

City

WAYZATA

State

MN

Zip Code

55391-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Bus Anlys Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575347939101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL J TELESKY**

Mailing Address 2602 PENNINGTON PLACE

City

VALPARAISO

State

IN

Zip Code

46383-9163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575350939101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SALLY A BROWN**

Mailing Address 192 HOMEWOOD DRIVE

City

CLINTON

State

NY

Zip Code

13323-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575363639101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. STEVE MORGAN**

Mailing Address 1252 W 71ST TERRACE

City State Zip Code  
 KANSAS CITY MO 64114-1238

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2575374839101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. YASMINE WINKLER**

Mailing Address 1429 WEST WIGWAM TRAIL

City State Zip Code  
 MOUNT PROSPECT IL 60056-2940

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2575390939101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GREGORIO CORTEZ**

Mailing Address 215 GASPAR BEND

City State Zip Code  
 CEDAR PARK TX 78613-4556

FEC ID number of contributing federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2575394339101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

133.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LINDA LOUISE POST**

Mailing Address 6520 JAYCOX ROAD

City

GALENA

State

OH

Zip Code

43021-9530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575395239101

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHAD M WALKER**

Mailing Address 26850 MOUNT HILL ROAD

City

WELCH

State

MN

Zip Code

55089-4472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575414939101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CAROL GOTHARD**

Mailing Address 16492 BROOKLANE BOULEVARD

City

NORTHVILLE

State

MI

Zip Code

48168-8417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575419139101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JERI L LOSE**

Mailing Address 9995 DELL ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575419839101**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KARIN R O'HARA**

Mailing Address 1431 HENRY COURT

City

CHANHASSEN

State

MN

Zip Code

55317-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Acctng

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575428739101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TIMOTHY M SPILKER**

Mailing Address 9801 MOHAWK LANE

City

LEAWOOD

State

KS

Zip Code

66206-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575446339101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

353.84

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MILLA HAUTMAN**

Mailing Address 410 SYCAMORE CIRCLE

City

PLYMOUTH

State

MN

Zip Code

55441-5667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief Tech Off

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575447139101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ROBERT E BOOKER**

Mailing Address 16632 HANSON BLVD NW

City

ANDOVER

State

MN

Zip Code

55304-2089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575447239101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LOUIS FLOCCO**

Mailing Address 7353 EAST SKYLINE DRIVE

City

ORANGE

State

CA

Zip Code

92867-6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Underwriting

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575448639101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

84.16

**TOTAL** This Period (last page this line number only)..... ►

✕	11a		11b		11c		12		
	13		14		15		16		17

UnitedHealth Group Incorporated PAC (United for Health)

[illegible]



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 129 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CLINTON V WOLF**

Mailing Address 2647 N SOUTHPORT

City  
CHICAGO

State  
IL

Zip Code  
60614-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR2575490939101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL P MACLAUHLAN**

Mailing Address 780 CENTRAL AVENUE

City  
GLENSIDE

State  
PA

Zip Code  
19038-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Assc Dir Regl Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR2575492739101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHELE RAMIREZ**

Mailing Address 37 CALAIS ROAD

City  
RANDOLPH

State  
NJ

Zip Code  
07869-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Human Capital Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR2575502439101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.08

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 219

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. DEBORAH A SUNDAL**

Mailing Address 5109 WEST 66TH ST

City	State	Zip Code
EDINA	MN	55439-1429

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2575502939101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. AMBER JIA WEBSTER**

Mailing Address 2115 VALLEY ROAD

City	State	Zip Code
COSTA MESA	CA	92627-3976

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2575504839101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MOLLY E JOSEPH**

Mailing Address 2711 CRESCENT RIDGE ROAD

City	State	Zip Code
MINNETONKA	MN	55305-2809

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2575521739101

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

440.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 131 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PAUL B HEBERT**

Mailing Address 13 GOVERNORS ROW

City

WEST HARTFORD

State

CT

Zip Code

06117-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575522339101**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ERIC J KAPLAN**

Mailing Address 193 PARTRIDGE LANDING

City

GLASTONBURY

State

CT

Zip Code

06033-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

NA VP Clnt Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575524039101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WILLIAM GARRISON JETER**

Mailing Address 9557 WOODRIDGE CIRCLE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575528139101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

306.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 132 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROBERT ALDEN HUNTER**

Mailing Address 9236 PRESTON PLACE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mgr M A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575528339101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KRISTEN NOEL ANDERSON HOLOVIA**

Mailing Address 4610 LAKEVIEW DRIVE

City

EDINA

State

MN

Zip Code

55424-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575533039101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS A HAMLIN**

Mailing Address 2800 NEWMAN

City

HOUSTON

State

TX

Zip Code

77098-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Sr Behvrl Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575536239101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

133.08

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 219

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. HOLLY STEINBRECHER

Mailing Address 11053 POTOMAC LANE

City	State	Zip Code
FRISCO	TX	75035-1226

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2575544539101

Amount of Each Receipt this Period

36.50

P/R Deduction (\$18.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. AMY LYNN BALCK

Mailing Address N3681 VINE RD

City	State	Zip Code
FREEDOM	WI	54913-6928

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
KA Mgr Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2575548439101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JULIE T SCOTT

Mailing Address 271 NW 42ND AVE

City	State	Zip Code
COCONUT CREEK	FL	33066-1823

FEC ID number of contributing federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2575578039101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

92.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH C WINSOR**

Mailing Address 57 WILDERS PASS

City  
CANTON

State Zip Code  
CT 06019-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
CEO NA Acct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575582839101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RICHARD W REEVES**

Mailing Address 1901 JONAHS RIDGE DRIVE

City  
NOLENSVILLE

State Zip Code  
TN 37135-9609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575583839101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL PETEROY**

Mailing Address 1004 PHILLIPS STREET

City  
VISTA

State Zip Code  
CA 92083-7171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, Inc

Occupation  
Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575585639101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

298.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 135 OF 219  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN DWYER**

Mailing Address 4852 EXCALIBUR DRIVE

 City  
 SYRACUSE

 State  
 NY

 Zip Code  
 13215-9317

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575590639101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEBORAH A JORGE**

Mailing Address 140 OLD BAY RD

 City  
 BELCHERTOWN

 State  
 MA

 Zip Code  
 01007-9348

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Adv/Tech Cnslt Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575593639101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LISA M IVERSON**

Mailing Address 9800 HEALTH CARE LANE

 City  
 MINNETONKA

 State  
 MN

 Zip Code  
 55343-4542

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575603239101**

Amount of Each Receipt this Period

410.26

P/R Deduction (\$205.13 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

515.18

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 136 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID J STAPLES**

Mailing Address 900 SOUTHERLY RD  
APT 402

City State Zip Code  
TOWSON MD 21204-2943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR2575633939101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRIAN R THOMPSON**

Mailing Address 17829 63RD AVE N

City State Zip Code  
MAPLE GROVE MN 55311-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR2575634639101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. TERENCE M CLARK**

Mailing Address 8 COOPER AVENUE

City State Zip Code  
EDINA MN 55436-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR2575636939101**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

299.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. NEIL P COLLINS**

Mailing Address 8465 MISSION HILLS LANE

City  
CHANHASSENState  
MNZip Code  
55317-7712FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575637639101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BENTON V DAVIS**

Mailing Address 9825 NORTH 53RD PLACE

City  
PARADISE VALLEYState  
AZZip Code  
85253-1634FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP GM Clin Comnty Ntwk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575639239101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CRAIG S HERMAN**

Mailing Address 9609 WYOMING CIRCLE

City  
BLOOMINGTONState  
MNZip Code  
55438-1628FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575650239101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

297.22

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 138 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MARK VAN ERT**

Mailing Address 221 OAKWOOD RD

City  
HOPKINSState  
MNZip Code  
55343-8532FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575650539101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RONALD MICHAEL GONG**

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City

HACIENDA HEIGHTS

State

CA

Zip Code

91745-5739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
M R Sls Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575651539101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JENNY A HAYHURST**

Mailing Address 23A MOUNT HYGEIA ROAD

City

FOSTER

State

RI

Zip Code

02825-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575651839101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

134.08

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ELENA J MCFANN**

Mailing Address 18925 24TH AVENUE NORTH

City  
PLYMOUTH

State Zip Code  
MN 55447-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575654739101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KATHRYN L PIZZANO**

Mailing Address PO BOX 31  
44 SAYER RD

City  
BLOOMING GROVE

State Zip Code  
NY 10914-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575662139101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CARL E ALLEN**

Mailing Address 8675 AZURE SKY DRIVE

City  
LAS VEGAS

State Zip Code  
NV 89129-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Medical Assoc. Inc.

Occupation  
Sr Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575669339101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

298.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 140 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PATRICK MOESCHLER**

Mailing Address 10940 E TIERRA DR

City

SCOTTSDALE

State

AZ

Zip Code

85259-5730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED HEALTHCARE SVS INC

Occupation

KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575676139101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. BRADY PRIEST**

Mailing Address 4401 COUNTRY CLUB RD

City

EDINA

State

MN

Zip Code

55424-1148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575677239101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JILL K MITCHELL**

Mailing Address 11499 ASHLEY COURT

City

INVER GROVE HEIGHTS

State

MN

Zip Code

55077-5251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575678339101

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

301.06

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHELLE M SCHROEDER**

Mailing Address 3305 TOWN TRAIL

City

BROOKFIELD

State

WI

Zip Code

53045-2640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575683739101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER J STIDMAN**

Mailing Address 6504 CHEROKEE TRAIL

City

EDINA

State

MN

Zip Code

55439-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575683839101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. STEPHEN J FARRELL**

Mailing Address 50 MAJOR DOANE RD

City

WELLFLEET

State

MA

Zip Code

02667-7836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575696239101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

297.30

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 142 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH SOBERG PROKOCKI**

Mailing Address 9746 SUNSET HILL DR

City

LONE TREE

State

CO

Zip Code

80124-6720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575705839101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. D ELLEN WILSON**Mailing Address 400 STUART STREET  
25D

City

BOSTON

State

MA

Zip Code

02116-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575708839101**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KIM M CRANDALL**

Mailing Address 6016 BRIGIDS CLOSE DRIVE

City

DUBLIN

State

OH

Zip Code

43017-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575731239101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

414.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ROBYN L HELLAND**

Mailing Address 9089 PARTRIDGE RD

City

MINNETRISTA

State

MN

Zip Code

55375-4513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Traffic/Workforce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575733839101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MOLLY LOUISE KNORR**

Mailing Address 1144 PROSPECT AVENUE

City

HARTFORD

State

CT

Zip Code

06105-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Risk Adjustment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575735439101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEFFREY GROSKLAGS**

Mailing Address 3233 TIMBERWOLF CIRCLE

City

PRIOR LAKE

State

MN

Zip Code

55372-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575735739101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

133.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 144 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JULIE M STRICKLAND**

Mailing Address 3207 SUNNYWOOD DRIVE

City  
FULLERTONState  
CAZip Code  
92835-1858FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Advrtsng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575740939101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. STEPHANIE M WAITE**

Mailing Address 2501 S HORIZON DR

City  
APPLETONState  
WIZip Code  
54915-5851FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Prod Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575743239101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS G PORTZ**

Mailing Address 2119 SHERIDAN HILLS RD

City  
WAYZATAState  
MNZip Code  
55391-2327FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2575744539101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

84.16

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. HERBERT R DOMER**

Mailing Address 2715 IONE COURT

 City State Zip Code  
 COLUMBUS OH 43235-2810

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir IT DT Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2575756039101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL J CUNNINGHAM**Mailing Address 1025 MAXWELL LANE  
APT 600
 City State Zip Code  
 HOBOKEN NJ 07030-6825

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

COO NA Acct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2575767839101

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MATTHEW D MONTOYA**

Mailing Address 12370 BRADFORD DR

 City State Zip Code  
 PARKER CO 80134-3609

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2575777639101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

86.76

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER J MULLINS**

Mailing Address 15560 SMITHFIELD PLACE

City  
CENTREVILLEState  
VA Zip Code  
20120-4901FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR257578739101**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CAROLYN T MORRIS**

Mailing Address PO BOX 1744

City  
SHIPROCKState  
NM Zip Code  
87420-1744FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Govt Affs Assc Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575780939101**

Amount of Each Receipt this Period

28.16

P/R Deduction (\$14.08 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SUSAN V MADDUX**

Mailing Address 16426 FARMERS MILL LANE

City  
CHESTERFIELDState  
MO Zip Code  
63005-4549FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Clin Pharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575783839101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

94.70

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 219

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. APUR R PATEL**

Mailing Address 4101 SHERIDAN AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55410-1258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575809539101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LAURIE ERIN RUSSELL**

Mailing Address 3108 SONIA DRIVE

City	State	Zip Code
LAS VEGAS	NV	89107-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575812139101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SAMUEL JAMES MECKEY**

Mailing Address 1828 WYNDAM DRIVE

City	State	Zip Code
SHAKOPEE	MN	55379-5437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575814539101**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

306.08

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 148 OF 219

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WILLIAM J MILLER**

Mailing Address 27409 W 108 STREET

 City  
 OLATHE

 State  
 KS

 Zip Code  
 66061-7533

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 Optum Services, Inc

 Occupation  
 Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2575819839101**

Amount of Each Receipt this Period

P/R Deduction (\$88.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOEL F BRADLEY**

Mailing Address 300 WHITE MOSS PLACE

 City  
 FRANKLIN

 State  
 TN

 Zip Code  
 37064-8628

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2575825839101**

Amount of Each Receipt this Period

P/R Deduction (\$18.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PHILIP R KAUFMAN**

Mailing Address 1680 NORTH FARM ROAD

 City  
 ORONO

 State  
 MN

 Zip Code  
 55356-9309

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 CEO Spclty Ben Visn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2575829839101**

Amount of Each Receipt this Period

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 149 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MICHELLE M HUNTLEY**

Mailing Address 19503 HARMONY AVE

City	State	Zip Code
ROGERS	MN	55374-4843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575832039101**

Amount of Each Receipt this Period

83.30

P/R Deduction (\$41.65 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM MANDELL**

Mailing Address 720 MISSION HILL WAY

City	State	Zip Code
COLORADO SPRINGS	CO	80921-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575837839101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHARLES M HARRISON**

Mailing Address 10603 MILLET SEED HILL

City	State	Zip Code
COLUMBIA	MD	21044-4150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575840339101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

139.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. EDWARD JOHN SKOPAS**

Mailing Address 43 JOEL DR

City  
HEBRON

State  
CT

Zip Code  
06248-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Grp CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575842739101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. WILLIAM J GOLDEN**

Mailing Address 106 SOUND COURT

City  
NORTHPORT

State  
NY

Zip Code  
11768-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575859339101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. NYLE BRENT COTTINGTON**

Mailing Address 6630 EMPIRE COURT

City  
MAPLE GROVE

State  
MN

Zip Code  
55311-3433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Acctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.80

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2575865339101

Amount of Each Receipt this Period

30.78

P/R Deduction (\$15.39 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

301.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAMIE DAMATO**

Mailing Address 349 KING STREET

City

NAUGATUCK

State

CT

Zip Code

06770-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575872039101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAMELA LIPPITT**

Mailing Address 944 RILEY WILLS ROAD

City

LEBANON

State

OH

Zip Code

45036-9037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Assc Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575884439101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PATRICK J LANGAN**

Mailing Address 405 MEADOW LANE

City

BENSON

State

MN

Zip Code

56215-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575885039101**

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

252.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER M MCGOLDRICK**

Mailing Address 48 MOUNTAIN TERRACE ROAD

City State Zip Code  
 WEST HARTFORD CT 06107-1533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Natl VP Sls & Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575930439101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL W MEDEIROS**

Mailing Address 7112 LANGMUIR DRIVE

City State Zip Code  
 MCKINNEY TX 75071-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575930639101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER C ZITZER**

Mailing Address 2848 FRANCE AVE S

City State Zip Code  
 ST LOUIS PARK MN 55416-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Compli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2575933339101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.16



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 153 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RICHARD J MATTERA**

Mailing Address 483 HIGHCROFT ROAD

City	State	Zip Code
WAYZATA	MN	55391-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575938439101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID J KISCH**

Mailing Address 7715 GIBRALTER TERRACE

City	State	Zip Code
APPLE VALLEY	MN	55124-6124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575966039101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DOREEN L MELLBERG**

Mailing Address 119 SOUTH EMERALD DRIVE

City	State	Zip Code
WAUSAU	WI	54401-3964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum360 Services IncOccupation  
Sr Proj Mgr II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575966839101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

442.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MARC T SALINAS**

Mailing Address 1630 ROCK RIDGE DRIVE

City  
PROSPERState  
TXZip Code  
75078-9728FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575967939101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JUDITH GAGER PERLMAN**Mailing Address 116 CANTERBURY LANE  
PO BOX 2108

City

VINEYARD HAVEN

State

MA

Zip Code

02568-5659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575968939101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK A DICELLO**

Mailing Address 5360 ANACALA CT

City

WESTERVILLE

State

OH

Zip Code

43082-8352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2575977939101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

184.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 155 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MARK LEENAY**

Mailing Address 29 UNION TERRACE LN N

 City  
 PLYMOUTH

 State  
 MN  
 Zip Code  
 55441-6232

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 UHC International Services Inc

 Occupation  
 NA Med Dir/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2575982839101**

Amount of Each Receipt this Period

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CAROL ANN CHURCHILL**

Mailing Address 230 BATTALION WAY

 City  
 MOUNT JULIET

 State  
 TN  
 Zip Code  
 37122-6135

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2575988339101**

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. PAMELA J GOLD**

Mailing Address 8370 DYNASTY WAY

 City  
 SALT LAKE CITY

 State  
 UT  
 Zip Code  
 84121-6089

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 SB KA VP SIs Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2575988639101**

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 156 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. DAVID J LAUTH**

Mailing Address 5109 EMERSON AV S

 City  
 MINNEAPOLIS

 State  
 MN

 Zip Code  
 55419-1155

 FEC ID number of contributing  
 federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2575991139101**

Amount of Each Receipt this Period

P/R Deduction (\$3.96 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARC R BRIGGS**

Mailing Address 1608 RED TREE CT

 City  
 DRAPER

 State  
 UT

 Zip Code  
 84020-7704

 FEC ID number of contributing  
 federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2576001639101**

Amount of Each Receipt this Period

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KAREN I SQUARRELL SHABLIN**

Mailing Address 1377 ROWLAND ROAD

 City  
 LANGHORNE

 State  
 PA

 Zip Code  
 19047-3106

 FEC ID number of contributing  
 federal political committee.

Name of Employer

Optum Services, Inc

Occupation

Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2576017339101**

Amount of Each Receipt this Period

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 157 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN EDWARD SCOTT**

Mailing Address 15440 STANBURY CURV

City

EDEN PRAIRIE

State

MN

Zip Code

55347-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2576018639101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DAVID SANN**

Mailing Address 8326 ELKO DRIVE

City

ELLICOTT CITY

State

MD

Zip Code

21043-6913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2576026439101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KIMBERLY K SONERHOLM**

Mailing Address 7210 HEGGIE AVE

City

LAS VEGAS

State

NV

Zip Code

89131-3233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Plan of Nevada

Occupation

SB KA VP SIs Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

**Transaction ID : PR2576033239101**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

181.84

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KARI MILLER**

Mailing Address 17293 LIBERTY BEACH CT

City  
LAKEVILLEState  
MNZip Code  
55044-8480FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Assc Dir Clin Cnslt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2576036739101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAY WARMUTH**

Mailing Address 16215 GRABEN COURT

City  
EDEN PRAIRIEState  
MNZip Code  
55346-2331FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2576040039101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GAYLE Q ADAMS**

Mailing Address 39 CANYON RIDGE DRIVE

City  
SANDIA PARKState  
NMZip Code  
87047-8509FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2576040339101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

298.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 159 OF 219  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KEVIN P KANDALAFT**

Mailing Address 4189 WINDSOR POINT PLACE

City	State	Zip Code
EL DORADO HILLS	CA	95762-3797

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2576043639101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LAURA L STONE**

Mailing Address 2050 FM 423 #4407

City	State	Zip Code
LITTLE ELM	TX	75068-6982

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Assc Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2576045139101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL R GROENENDAAL**

Mailing Address 1017 N EUCLID

City	State	Zip Code
OAK PARK	IL	60302-1321

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 VP Executive Compensation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2576046239101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

132.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 160 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. KENT MONICAL**

Mailing Address 9795 E PIEDRA DRIVE

 City  
 SCOTTSDALE

 State  
 AZ

 Zip Code  
 85255-9231

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 SVP Prd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2576051339101**

Amount of Each Receipt this Period

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. RESTOR JOHNSON**

Mailing Address 2700 CRESCENT RIDGE ROAD

 City  
 MINNETONKA

 State  
 MN

 Zip Code  
 55305-2806

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 VP Entrprs Real Estate Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2576051639101**

Amount of Each Receipt this Period

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN F REX**

Mailing Address 503 HARRINGTON ROAD

 City  
 WAYZATA

 State  
 MN

 Zip Code  
 55391-1512

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 Optum Services, Inc

 Occupation  
 Mkt Group CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 
**Transaction ID : PR2576060039101**

Amount of Each Receipt this Period

P/R Deduction (\$193.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 161 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LANCE A NOVAK**

Mailing Address 17035 41ST PLACE N

 City  
 PLYMOUTH

 State  
 MN

 Zip Code  
 55446-3358

 FEC ID number of contributing  
 federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2576073539101**

Amount of Each Receipt this Period

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DARRIN D JOHNSON**

Mailing Address 11 BERTON COURT

 City  
 MIDDLETOWN

 State  
 DE

 Zip Code  
 19709-9932

 FEC ID number of contributing  
 federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2576103739101**

Amount of Each Receipt this Period

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. NATHAN R KIEWEL**

Mailing Address 1137 PRAIRIE VIEW DR SW

 City  
 HUTCHINSON

 State  
 MN

 Zip Code  
 55350-6725

 FEC ID number of contributing  
 federal political committee.

Name of Employer

Optum Services, Inc

Occupation

Mgr Apps Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2576117539101**

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 219  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHRIS KENT**

Mailing Address 13273 CARLINGFORD LANE

City State Zip Code  
 ROSEMOUNT MN 55068-6308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : PR2576119039101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHANDRA LUE TORGERSON**

Mailing Address 5433 10TH AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55417-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : PR2576128639101**

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL JOHN DIOGUARDI**

Mailing Address 4336 YATES STREET

City State Zip Code  
 DENVER CO 80212-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

**Transaction ID : PR2576131939101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

231.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. STEVEN H NELSON**

Mailing Address 640 LOCUST HILLS DRIVE

City

WAYZATA

State

MN

Zip Code

55391-1973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2576144839101

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JOHN E FRIDNER**

Mailing Address 782 PENFIELD DR

City

CAROL STREAM

State

IL

Zip Code

60188-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB NA VP SIs/Gen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2576147539101

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JEAN C BENSON**

Mailing Address 14951 HIGHLAND COURT NE

City

PRIOR LAKE

State

MN

Zip Code

55372-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : PR2576310939101

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

501.06

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. THOMAS L ELLIOTT III**

Mailing Address 1880 SUGARLOAF CLUB DR

City State Zip Code  
DULUTH GA 30097-7451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Clnt Relationship

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR2576313339101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DANIEL J KENIRY**

Mailing Address 5553 LITTLE FALLS ROAD

City State Zip Code  
ARLINGTON VA 22207-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR2577379339101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DEMETRIOS L KOUZOUKAS**

Mailing Address 15552 57TH PLACE N

City State Zip Code  
PLYMOUTH MN 55446-3737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : PR2578740439101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

769.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. PHIL KRAUSE**

Mailing Address 63 VAN HOLTEN

 City State Zip Code  
 BASKING RIDGE NJ 07920-3438

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Assc Dir Hlthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2578742139101

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. KURT A STRODE**

Mailing Address 15 MIRA SEGURA

 City State Zip Code  
 RANCHO SANTA MARGARITA CA 92688-4113

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Optum Services, Inc

 Occupation  
 Assc Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2578819239101

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BARTLEY S ASNER**

Mailing Address 25 OFFSHORE

 City State Zip Code  
 NEWPORT BEACH CA 92657-2162

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Optum Services, Inc

 Occupation  
 CEO Med Grp Physn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2578819439101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

86.08

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 166 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LAURA CIAVOLA**

Mailing Address 1686 WILDFIRE LANE

City  
FRISCOState  
TXZip Code  
75033-7325FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2578824339101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. NATHANAEL BUSBEE**

Mailing Address 611 ORPINGTON RD

City

BALTIMORE

State

MD

Zip Code

21229-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2578826739101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JAY J COHEN**

Mailing Address 2613 VICTORIA DR

City

LAGUNA BEACH

State

CA

Zip Code

92651-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

CEO Med Grp Physn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2578829639101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

653.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 167 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RACHEL C FARMER**

Mailing Address 1929 ALBIZIA COURT

City

BATON ROUGE

State

LA

Zip Code

70808-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR2595208339101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. VINAY KONERU**

Mailing Address 3150 CARRICK RD

City

CUMMING

State

GA

Zip Code

30040-6402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR2595218439101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LAURA A GROSCHE**

Mailing Address 3872 KENNET CIRCLE

City

EAGAN

State

MN

Zip Code

55123-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : PR2595230939101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 168 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WESTON PRICE SCOTT**Mailing Address 1050 LAKE CAROLYN PKWY  
APT 4349

City	State	Zip Code
IRVING	TX	75039-3999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2601125339101**

Amount of Each Receipt this Period

61.54

P/R Deduction (\$30.77 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. TOM ROBERTS**

Mailing Address 264 PORTERS HILL RD

City	State	Zip Code
MONROE	CT	06468-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Assc Dir Act Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2601127839101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARIANNE D SHORT**

Mailing Address 2215 SUMMIT AVENUE

City	State	Zip Code
SAINT PAUL	MN	55105-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
EVP Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2601133539101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

476.14



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 169 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. CRAIG NEWTON**

Mailing Address 654 W GOLDFINCH WAY

City  
CHANDLER

State Zip Code  
AZ 85286-4451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2601133739101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ALLEN K PATRICK**

Mailing Address 225 W ESCALONES

City  
SAN CLEMENTE

State Zip Code  
CA 92672-5102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SB Mgr Sls

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2601136839101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. AMY N SWANSON**

Mailing Address 621 SPARROW WAY

City  
WADSWORTH

State Zip Code  
OH 44281-7716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2601140739101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

248.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JENNIFER M MARDOSZ**

Mailing Address 17920 SHAVERS LANE

City

WAYZATA

State

MN

Zip Code

55391-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Deputy Gen Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2601142039101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DOUGLAS LEE MOORE**

Mailing Address 3900 BLACKJACK OAK LANE

City

PLANO

State

TX

Zip Code

75074-7790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Bus Process

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2601149639101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL A CHRIST**

Mailing Address 89 RIDGEWOOD ROAD

City

WEST HARTFORD

State

CT

Zip Code

06107-2924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Affs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2601156939101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

133.08

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 171 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ANDREW W TICE JR**

Mailing Address 1136 JACKSON SPRINGS RD

City State Zip Code  
 MACON GA 31211-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Phys Advsr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.40

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2601160939101**

Amount of Each Receipt this Period

46.14

P/R Deduction (\$23.07 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DEBORAH GILL RICE**

Mailing Address 10775 ROLLING HILLS DRIVE

City State Zip Code  
 LITTLE ELM TX 75068-2893

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Clinical Services INC

Occupation

Mgr Nurse Pract

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2601176439101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ROGER RODRIGUEZ**

Mailing Address 10501 SW 102 AVENUE

City State Zip Code  
 MIAMI FL 33176-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2601176839101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

151.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 172 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MARC GORDON KAPROW**

Mailing Address 5079 SW 89TH AVE

City

COOPER CITY

State

FL

Zip Code

33328-3636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.40

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2601179039101**

Amount of Each Receipt this Period

78.88

P/R Deduction (\$39.44 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PAUL A JACOBSEN**

Mailing Address 733 OAKWOOD DRIVE

City

NEW BRIGHTON

State

MN

Zip Code

55112-6633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mgr Proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2605714139101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KELLY MARIE DAVIS**

Mailing Address 12013 TALIESIN PLACE  
UNIT 22

City

RESTON

State

VA

Zip Code

20190-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2605734239101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

183.88

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 173 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. TRACY MALONE**

Mailing Address 900 S 22ND ST

City  
ARLINGTONState  
VAZip Code  
22202-2625FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

External Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2605736939101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHELLE FERENSIC**

Mailing Address 404 KENTUCKY BRANCH LANE

City  
JACKSONVILLEState  
FLZip Code  
32259-8863FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Prov Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2605738239101**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. GLORIA AUSTIN**

Mailing Address 1547 HARVARD AVENUE

City  
SALT LAKE CITYState  
UTZip Code  
84105-1725FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2605757439101**

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

307.68

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 174 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LARRY SMITH**

Mailing Address 1164 RUE CHINON

City  
MANDEVILLEState Zip Code  
LA 70471-1213FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Assc Dir Compli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2605760639101**

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL E WEISSEL**

Mailing Address 99 HAGEN ROAD

City  
NEWTONState Zip Code  
MA 02459-2731FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Optum Exec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2606842939101**

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JOHN MATTHEW MATECZUN**

Mailing Address 700 SAINT GEORGE BARBER ROAD

City  
DAVIDSONVILLEState Zip Code  
MD 21035-1348FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Pres M&V

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2606845139101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

653.82

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. THOMAS KARL ZIESMANN**

Mailing Address 2004 ESTES PARK ROAD

City  
SOUTHLAKEState  
TXZip Code  
76092-3855FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : PR2606854439101

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. JAN V EYER**

Mailing Address 6241 CRESTBROOK DRIVE

City  
MORRISONState  
COZip Code  
80465-2225FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : PR2606857539101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SHELLEY L KENNEDY**

Mailing Address 706 SUE BARNETT

City  
HOUSTONState  
TXZip Code  
77018-5412FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

Transaction ID : PR2607803039101

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CYNTHIA ANN MARGRITZ**

Mailing Address 16702 L STREET

City  
OMAHA

State  
NE

Zip Code  
68135-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2607806139101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. SUSAN ESPARZA**

Mailing Address 4305 VISTA VERDE DRIVE

City  
AUSTIN

State  
TX

Zip Code  
78732-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mgr Nurse Pract

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2607807839101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. VINCENT C CEGLIA**

Mailing Address 63 BLOSSOM ROAD

City  
HAMPTON

State  
NJ

Zip Code  
08827-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Compli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2608052039101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.24



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 177 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. SHAWN DAVID SCHWARTZ**

Mailing Address 338 SNELLING AVE S

City  
SAINT PAULState  
MNZip Code  
55105-2048FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2608059339101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LISA MARIE LANDO**Mailing Address 60 PINEAPPLE STREET  
APT 3JCity  
BROOKLYNState  
NYZip Code  
11201-6839FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2608059539101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. VIRGINIA A FLYNN**

Mailing Address 30 VAN TERRACE

City  
SPARKILLState  
NYZip Code  
10976-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2608061239101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

181.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 178 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. SANDRA FERGUSON**

Mailing Address 710 SOUTH SHERATON DRIVE

City State Zip Code  
 AKRON OH 44319-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2608061939101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. ALLYN RICHARD HECK**

Mailing Address 3233 BARHITE STREET

City State Zip Code  
 PASADENA CA 91107-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2609810939101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. NORMAN L WRIGHT**

Mailing Address 1507 NANTUCKET DRIVE

City State Zip Code  
 HOUSTON TX 77057-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Optum Services, Inc

Occupation  
 SVP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2015

Transaction ID : PR2609812339101

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

355.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 179 OF 219  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

**A. KETAN R PATEL**

Mailing Address 8072 YORKSHIRE CIRCLE

City	State	Zip Code
LA PALMA	CA	90623-2026

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Optum Services, Inc

 Occupation  
 Mgr Pharm Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2612523339101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CARRIE J RIVERS**

Mailing Address 6368 TIMBER TRACE

City	State	Zip Code
BROWNSBURG	IN	46112-8641

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 United HealthCare Services Inc

 Occupation  
 Ntwk Contract Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2612533739101

Amount of Each Receipt this Period

9.12

P/R Deduction (\$4.56 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ANDREW KREJCI**

Mailing Address 19865 LAKEVIEW AVENUE

City	State	Zip Code
EXCELSIOR	MN	55331-9353

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Optum Services, Inc

 Occupation  
 Dir Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : PR2614310739101

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

65.28

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 180 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. CHRISTINE P LIBERATO**

Mailing Address 9021 GRINDLAY ST # 300

City	State	Zip Code
CYPRESS	CA	90630-3098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2614313839101**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ABIGAIL LONDON VAIL**

Mailing Address 3653 DWIGHT DAVIS DR

City	State	Zip Code
TALLAHASSEE	FL	32312-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2614315639101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. SAMUEL O VANNORMAN**

Mailing Address 6216 CONCORD AVE

City	State	Zip Code
EDINA	MN	55424-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Hlthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2615086039101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 181 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. RANDALL L SOLOMON**

Mailing Address 760 HAIGHT STREET

City

SAN FRANCISCO

State

CA

Zip Code

94117-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Behvrl Med Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2615671539101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL BIRNBAUM**

Mailing Address 55 DEAN STREET

City

BROOKLYN

State

NY

Zip Code

11201-6245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2615671639101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. JENNIFER LORYN YOUNG**

Mailing Address 321 CLINTON PLACE

City

HACKENSACK

State

NJ

Zip Code

07601-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

NA Vice Pres AM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2615929439101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

181.92

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 182 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. WESLEY KIRBY**

Mailing Address 3213 SAGE BRUSH TRL

City	State	Zip Code
PLANO	TX	75023-5631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Sr Cnslt Bus Adv/Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2615957039101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. PATRICIA CAMACHO**

Mailing Address 906 BLUEBIRD

City	State	Zip Code
MANCHACA	TX	78652-4154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Assc Dir Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2617361139101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. ALAN H MIRVISS**

Mailing Address 73 DOWNEY

City	State	Zip Code
SAN FRANCISCO	CA	94117-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum360 Services IncOccupation  
Sr Proj Mgr II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2617361739101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

84.24

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 183 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. MEGHAN ROSE PASSINEAU**

Mailing Address 4 BUROAK DRIVE

City	State	Zip Code
HOPEWELL JUNCTION	NY	12533-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Bus Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2617363639101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARK LEE CHERRY**

Mailing Address 612 BEMIS HEIGHTS PL

City	State	Zip Code
SAINT CHARLES	MO	63303-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Data/Res Anlyt Cnslt Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2617922839101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL BAUBLIT**

Mailing Address 2201 RIDGEWIND WAY

City	State	Zip Code
WINDERMERE	FL	34786-5823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2617927139101**

Amount of Each Receipt this Period

30.42

P/R Deduction (\$15.21 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

86.58

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 184 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JAY DOUGLAS PUTTERMAN**

Mailing Address 7 SUNNY REACH DRIVE

City	State	Zip Code
WEST HARTFORD	CT	06117-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
NA VP Clnt Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2617931339101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARK OWEN JOHNSON**

Mailing Address 10529 MOUNT CURVE ROAD

City	State	Zip Code
EDEN PRAIRIE	MN	55347-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2617933939101**

Amount of Each Receipt this Period

92.30

P/R Deduction (\$46.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THERESA CAMPBELL**

Mailing Address 1117 XERXES AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55405-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Optum Services, IncOccupation  
Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : PR2622562139101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

148.46



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 185 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. PETER GROVES JACOBY**

Mailing Address 6203 STONEHAM LANE

City  
MCLEAN

State Zip Code  
VA 22101-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
SVP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2623707539101**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. REBECCA HUMBERT MULES**

Mailing Address 660 DOVER STREET

City  
BALTIMORE

State Zip Code  
MD 21230-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2624442639101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. DAVID H JACOBSON**

Mailing Address 3177 WHITE CEDAR PLACE

City  
THOUSAND OAKS

State Zip Code  
CA 91362-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services Inc

Occupation  
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

09 / 30 / 2015

**Transaction ID : PR2624444339101**

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

489.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 186 OF 219  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JENIFER JEAN FULLER JESSEP**

Mailing Address 14320 KEITH COURT

City	State	Zip Code
BROOMFIELD	CO	80023-9584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2624445439101**

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER LOUIS COLLETTE**

Mailing Address 786 CAMBERWELL DRIVE

City	State	Zip Code
EAGAN	MN	55123-3939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2625499539101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. WESLEY RYAN COWEN**

Mailing Address 825 VIRGINIA PARK CIRCLE NE

City	State	Zip Code
ATLANTA	GA	30306-4081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services IncOccupation  
KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2625532339101**

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

269.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JEFFREY BRENT LIVERS**

Mailing Address 402 DERBY COURT

City State Zip Code  
 MEBANE NC 27302-9452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.70

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2626346039101

Amount of Each Receipt this Period

34.76

P/R Deduction (\$17.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. GREGORY M HINES**

Mailing Address 3660 SILVERWOOD RD

City State Zip Code  
 WEST SACRAMENTO CA 95691-5403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Dir Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2626886539101

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. KIM BARNES MANNING**

Mailing Address 12703 DEER CREEK DRIVE

City State Zip Code  
 OMAHA NE 68142-1762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 United HealthCare Services Inc

Occupation  
 Assc Dir Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2628331439101

Amount of Each Receipt this Period

34.76

P/R Deduction (\$17.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

146.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 188 OF 219

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LAMBERT VAN DER WALDE**

Mailing Address 45 AUDUBON CAUSEWAY

City  
LANTANAState  
FLZip Code  
33462-4756FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Hlth Reform/Modernizatr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2628332339101**

Amount of Each Receipt this Period

416.00

P/R Deduction (\$208.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. LORI ANN RILEY**

Mailing Address 5636 JAMES AVENUE SOUTH

City  
MINNEAPOLISState  
MNZip Code  
55419-1611FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Human Capital Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2628834039101**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. BRUCE MICHAEL JARVIE**

Mailing Address 18750 KIPHEART DRIVE

City  
LEESBURGState  
VAZip Code  
20176-8220FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.05

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	1	5		

**Transaction ID : PR2629554539101**

Amount of Each Receipt this Period

111.10

P/R Deduction (\$55.55 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

777.10

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 189 OF 219  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. ELEANOR ADAMS HOFFMAN**
 Mailing Address 701 PENNSYLVANIA AVE, NW  
 SUITE 200

City	State	Zip Code
WASHINGTON	DC	20004-3610

FEC ID number of contributing federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2629559239101**

Amount of Each Receipt this Period

P/R Deduction (\$55.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL J TUFFIN**

Mailing Address 5904 ASHBY MANOR PLACE

City	State	Zip Code
ALEXANDRIA	VA	22310-2267

FEC ID number of contributing federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

SVP Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2632087939101**

Amount of Each Receipt this Period

P/R Deduction (\$178.57 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. LAWRENCE DAVID PLATT**

Mailing Address 3830 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22302-1906

FEC ID number of contributing federal political committee.

Name of Employer

United HealthCare Services Inc

Occupation

VP Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : PR2632880739101**

Amount of Each Receipt this Period

P/R Deduction (\$357.14 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 190 OF 219

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. JOHN M PRIBLE**

Mailing Address 1923 SHIVER DR

City

ALEXANDRIA

State

VA

Zip Code

22307-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.20

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2634656639101

Amount of Each Receipt this Period

227.28

P/R Deduction (\$113.64 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. ADREAN SCHEID ROTHKOPF**

Mailing Address 701 PENNSYLVANIA AVE, NW  
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20004-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP External Affs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.31

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2634880439101

Amount of Each Receipt this Period

555.54

P/R Deduction (\$277.77 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. THOMAS PATRICK MCMAHON**

Mailing Address 1808 LAUDERDALE ROAD

City

LOUISVILLE

State

KY

Zip Code

40205-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2015

Transaction ID : PR2634885139101

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

1282.82

**TOTAL** This Period (last page this line number only)..... ►

57910.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 191 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Jim Costa for Congress**

Mailing Address 2037 W Bullard Avenue, #355

City Fresno	State CA	Zip Code 93711-1200
----------------	-------------	------------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James 'Jim' Manuel Costa**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

**Transaction ID : 38522228**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Don Beyer**

Mailing Address 1751 Potomac Greens Drive

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Donald Beyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

**Transaction ID : 38522230**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Kind for Congress Committee**

Mailing Address 3061 Edgewater Ln

City La Crosse	State WI	Zip Code 54603
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ronald James Kind**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

**Transaction ID : 38522282**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 192 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Ryan For Congress Inc**

Mailing Address PO Box 1488

City  
JanesvilleState  
WIZip Code  
53547-1488Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Paul D. Ryan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

**Transaction ID : 38522291**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. VINE PAC**Mailing Address 700 13TH STREET, NW  
Suite 600City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

**Transaction ID : 38522293**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Synergy PAC**Mailing Address 6849 Old Dominion Dr  
Suite 222City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

**Transaction ID : 38522294**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 193 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Gallego For Arizona**

Mailing Address PO Box 1710

City	State	Zip Code
Phoenix	AZ	85001

Purpose of Disbursement  
Contribution

Candidate Name

**Ruben Gallego**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 07

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589470**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Julia Brownley For Congress**

Mailing Address PO Box 2018

City	State	Zip Code
Thousand Oaks	CA	91358

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Julia Brownley**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 26

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589471**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Pete Aguilar For Congress**

Mailing Address PO Box 10954

City	State	Zip Code
San Bernardino	CA	92423

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Pete Aguilar**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 31

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589474**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 194 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Scott Peters for Congress**

Mailing Address PO Box 75357

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Scott Peters**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589476**

Amount of Each Disbursement this Period

500.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**B. Ted Lieu For Congress**Mailing Address 16633 Ventura Blvd  
#1008

City	State	Zip Code
Encino	CA	91436

Purpose of Disbursement  
Contribution

Candidate Name

**Ted Lieu**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589486**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Tony Cardenas for Congress**Mailing Address 249 E Ocean Blvd  
Suite 685

City	State	Zip Code
Long Beach	CA	90802

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Tony Cardenas**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589489**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 195 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Graham For Congress**

Mailing Address PO Box 310

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Gwen Graham**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589491**

Amount of Each Disbursement this Period

4000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. David Scott For Congress**

Mailing Address P.O. Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. David Albert Scott**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589493**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Sanford Bishop For Congress**

Mailing Address P O Box 909

City	State	Zip Code
Columbus	GA	31902

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sanford Bishop**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589496**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 196 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Sanford Bishop For Congress**

Mailing Address P O Box 909

City	State	Zip Code
Columbus	GA	31902

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Sanford Bishop**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 38589497**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Mark Takai For Congress**

Mailing Address PO Box 2267

City	State	Zip Code
Pearl City	HI	96782

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Kyle Takai**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 38589498**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Cheri Bustos**

Mailing Address 1050 17th St NW, Ste 590

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Cheri Bustos**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 38589499**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 197 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Donnelly For Indiana**

Mailing Address 1050 17th St NW, Ste 590

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Joseph S. Donnelly**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589500**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka	State KS	Zip Code 66601-1441
----------------	-------------	------------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589501**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Pompeo for Congress Inc**

Mailing Address PO Box 780146

City Wichita	State KS	Zip Code 67278
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael R. Pompeo**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589503**

Amount of Each Disbursement this Period

4500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 198 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Joe Kennedy For Congress**

Mailing Address PO Box 590464

City  
NewtonState  
MAZip Code  
02459Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Joseph Kennedy**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589504**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Moulton For Congress**

Mailing Address PO Box 2013

City  
SalemState  
MAZip Code  
01970Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Seth Moulton**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589505**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City  
FlintState  
MIZip Code  
48501Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Daniel Kildee**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589507**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 199 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Moolenaar For Congress**

Mailing Address 5915 Eastman Avenue Suite 100

City Midland	State MI	Zip Code 48640
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**John Moolenaar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589508**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Trott For Congress, Inc.**

Mailing Address PO Box 217

City Troy	State MI	Zip Code 48099
--------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**David Trott**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589509**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City Springfield	State MO	Zip Code 65804
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Billy Long**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589510**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 200 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Cramer For Congress**

Mailing Address PO Box 396

City	State	Zip Code
Bismarck	ND	58502

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kevin Cramer**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 38589513**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Cory Booker For Senate**

Mailing Address PO Box 32237

City	State	Zip Code
Newark	NJ	07102

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Cory Booker**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2020	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 38589514**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Kathleen Rice For Congress**

Mailing Address PO Box 744

City	State	Zip Code
Mineola	NY	11501

Purpose of Disbursement  
Contribution

Candidate Name

**Kathleen Rice**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

**Transaction ID : 38589515**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 201 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Sean Patrick Maloney For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Mailing Address PO Box 270

City	State	Zip Code
Newburgh	NY	12550

**Transaction ID : 38589516**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Sean Maloney**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 18

Contribution

Full Name (Last, First, Middle Initial)

**B. Tiberi for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Mailing Address 2931 E Dublin Granville Road, Suit

City	State	Zip Code
Columbus	OH	43231-2098

**Transaction ID : 38589517**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Patrick J. Tiberi**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 12

Contribution

Full Name (Last, First, Middle Initial)

**C. Walden for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031

**Transaction ID : 38589518**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Greg Walden**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District: 02

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 202 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Pat Meehan For Congress**

Mailing Address 50 S. Providence Road

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick Meehan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589519**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Tim Murphy For Congress**

Mailing Address PO Box 24551

City Pittsburgh	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Tim F. Murphy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589520**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Castro For Congress**

Mailing Address PO Box 544

City San Antonio	State TX	Zip Code 78292
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joaquin Castro**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589521**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 203 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends Of Mike Lee Inc**Mailing Address 10 West Broadway  
Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Mike Lee**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589522**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Kaine For Virginia**

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Timothy Kaine**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589523**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Dennis Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589524**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 204 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Manchin For West Virginia**

Mailing Address PO Box 5202

City	State	Zip Code
Charleston	WV	25361

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Joe Manchin III**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589525**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Common Sense Colorado**

Mailing Address PO Box 1978

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement  
Contribution

Candidate Name

**Common Sense Colorado**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589526**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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103000.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

UnitedHealth Group Incorporated PAC (United for Health)

Age Group	Number of people
13-17	~850
18-24	~950
25-34	~800
35-44	~750
45-54	~650
55-64	~550
65-74	~450
75-84	~350
85+	~250

09 / 02 / 2015

Category/  
TypeCategory/  
Type

State:  District:

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 206 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Pscholka Results PAC**

Mailing Address 5810 Longhorn Trail

City	State	Zip Code
Stevensville	MI	49127

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2015

**Transaction ID : 38522298**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. John Otto Campaign**

Mailing Address PO Box 965

City	State	Zip Code
Dayton	TX	77535

Purpose of Disbursement  
Void - John Otto Campaign; Check dated 8/31/2015

Candidate Name

**TX Rep. John Otto**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

**Transaction ID : 38532413**

Amount of Each Disbursement this Period

-1000.00
----------

Void - John Otto Campaign; Check dated 8/31/2015

Full Name (Last, First, Middle Initial)

**C. Friends of Susan King**

Mailing Address 702 Sayles Boulevard

City	State	Zip Code
Abilene	TX	79605

Purpose of Disbursement  
Void - Friends of Susan King; check dated 8/31/2015

Candidate Name

**TX Rep. Susan King**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2015

**Transaction ID : 38545868**

Amount of Each Disbursement this Period

-1000.00
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Void - Friends of Susan King; check dated 8/31/2015

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 207 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Dave Reed**

Mailing Address 185 W Ranson Ave

City	State	Zip Code
Blairsville	PA	15717

Purpose of Disbursement  
Contribution

Candidate Name

**PA Rep. Dave Reed**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

**Transaction ID : 38548532**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Tina Pickett**

Mailing Address PO Box 203

City	State	Zip Code
Wysox	PA	18854

Purpose of Disbursement  
Contribution

Candidate Name

**PA Rep. Tina L. Pickett**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

**Transaction ID : 38548533**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Turzai Leadership Fund**

Mailing Address P.O. Box 721

City	State	Zip Code
Wexford	PA	15090-0721

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

**Transaction ID : 38548535**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Joe Hune for State Senate**

Mailing Address 4849 Hogback Rd.

City	State	Zip Code
Fowlerville	MI	48836

Purpose of Disbursement  
Contribution

Candidate Name

**MI Sen. Joe Hune**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

**Transaction ID : 38548537**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends for Ginther**

Mailing Address 545 E Town Street

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement  
Void - Friends for Ginther; check dated 5/13/2015

Candidate Name

**Andrew Ginther**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

**Transaction ID : 38559006**

Amount of Each Disbursement this Period

-2000.00
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Void - Friends for Ginther; check dated 5/13/2015

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Scarnati**

Mailing Address PO Box 177

City	State	Zip Code
Brockway	PA	15824

Purpose of Disbursement  
Contribution

Candidate Name

**Senator Joseph Scarnati III**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

**Transaction ID : 38563265**

Amount of Each Disbursement this Period

1500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 209 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Coleman for Arizona 2016**

Mailing Address 1474 S Royal Palm Rd

City	State	Zip Code
Apache Junction	AZ	85119

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Rep. Doug Coleman**

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589527**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Eddie Farnsworth Committee**

Mailing Address 1126 E. Harrison St.

City	State	Zip Code
Gilbert	AZ	85295

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Rep. Eddie Farnsworth**

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589528**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Elect Justin Olson 2016**

Mailing Address 524 N 38th Street

City	State	Zip Code
Mesa	AZ	85205

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Rep. Justin Olson**

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589529**

Amount of Each Disbursement this Period

4000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 210 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Elect Karen Fann**

Mailing Address 5691 Hole in One Dr

City Prescott	State AZ	Zip Code 86301
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Karen Fann**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589530**

Amount of Each Disbursement this Period

500.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Adam Driggs 2016**

Mailing Address 4231 E. Clarendon Avenue

City Phoenix	State AZ	Zip Code 85018
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Sen. Adam Driggs**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589531**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Dial 2016**

Mailing Address 2936 W Gregg Dr.

City Chandler	State AZ	Zip Code 85224
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Rep. Jeff Dial**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589532**

Amount of Each Disbursement this Period

2000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 211 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Kate Brophy McGee AZ**

Mailing Address 42 E. Butler Drive

City	State	Zip Code
Phoenix	AZ	85020

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Rep. Kate Brophy McGee**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589535**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Lovas for Arizona 2016**

Mailing Address 7197 W Mariposa Grande Lane

City	State	Zip Code
Peoria	AZ	85383

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Rep. Phil Lovas**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589536**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Mark for AZ**

Mailing Address PO Box 24471

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement  
Contribution

Candidate Name

**Aty Gen Mark Brnovich**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589537**

Amount of Each Disbursement this Period

2000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 212 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mark for AZ**

Mailing Address PO Box 24471

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement  
Contribution

Candidate Name

**Aty Gen Mark Brnovich**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589538**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

**B. Pratt for Arizona 2016**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10526

City	State	Zip Code
Casa Grande	AZ	85130

Purpose of Disbursement  
Contribution

Candidate Name

**Frank Pratt**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589539**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**C. Re-Elect Debbie Lesko 2016**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5292

City	State	Zip Code
Peoria	AZ	85385

Purpose of Disbursement  
Contribution

Candidate Name

**Debbie Lesko**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589540**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 213 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Regina E. Cobb 2016**

Mailing Address 921 Crestwood Ln

City	State	Zip Code
Kingman	AZ	86409

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Rep. Regina Cobb**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589541**

Amount of Each Disbursement this Period

500.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Robson 2016**

Mailing Address 2713 W Oakgrove Ln

City	State	Zip Code
Chandler	AZ	85224

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Rep. Bob Robson**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589547**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Shooter for Senate**

Mailing Address 2901 S Palo Verde Lane, Unit 42

City	State	Zip Code
Yuma	AZ	85365

Purpose of Disbursement  
Contribution

Candidate Name

**AZ Sen. Don Shooter**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589549**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 214 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Shope for Arizona 2016**

Mailing Address 1206 N Reeves Rd

City	State	Zip Code
Coolidge	AZ	85128

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Thomas Shope Jr.**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589551**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. VOTE Heather Carter**Mailing Address 29455 N Cave Creek St 118  
#299

City	State	Zip Code
Cave Creek	AZ	85331

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Heather Carter**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589553**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. VOTE Heather Carter**Mailing Address 29455 N Cave Creek St 118  
#299

City	State	Zip Code
Cave Creek	AZ	85331

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Heather Carter**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589555**

Amount of Each Disbursement this Period

2000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 215 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Vote Livingston LD22 2016**

Mailing Address 9559 W. Menadota Drive

City	State	Zip Code
Peoria	AZ	85382

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. David Livingston**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589556**

Amount of Each Disbursement this Period

500.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Vote Mesnard**

Mailing Address 1427 W. Homestead Ct.

City	State	Zip Code
Chandler	AZ	85286

Purpose of Disbursement  
Contribution

011

Candidate Name

**AZ Rep. Javan Mesnard**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589557**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Brian Birdwell Campaign**

Mailing Address 1602 Catalina Bay Court

City	State	Zip Code
Granbury	TX	76048

Purpose of Disbursement  
Contribution

011

Candidate Name

**TX Sen. Brian Birdwell**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589558**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 216 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Dan Flynn Campaign**

Mailing Address PO Box 669

City	State	Zip Code
Van	TX	75790

Purpose of Disbursement  
Contribution

Candidate Name

**TX Rep. Dan Flynn**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589560**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Debbie Riddle Campaign**Mailing Address 4201 Cypress Creek Parkway  
Suite 550

City	State	Zip Code
Houston	TX	77068

Purpose of Disbursement  
Contribution

Candidate Name

**TX Rep. Debbie Riddle**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589561**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Giovanni Capriglione Campaign**

Mailing Address 1352 Ten Bar Trail

City	State	Zip Code
Southlake	TX	76092

Purpose of Disbursement  
Contribution

Candidate Name

**TX Rep. Giovanni Capriglione**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589562**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 217 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Glen Hegar Campaign**

Mailing Address PO Box 1008

City	State	Zip Code
Katy	TX	77492

Purpose of Disbursement  
Contribution

011

Candidate Name

**Glenn Hegar**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589564**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. J.D. Sheffield Campaign**

Mailing Address 601 Indian Hills Rd

City	State	Zip Code
Gatesville	TX	76528

Purpose of Disbursement  
Contribution

011

Candidate Name

**TX Rep. J.D. Sheffield**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589565**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. John Kuempel Campaign**

Mailing Address 523 East Donegan St.

City	State	Zip Code
Sequin	TX	78155

Purpose of Disbursement  
Contribution

011

Candidate Name

**TX Rep. John Kuempel**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589566**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 218 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Jose Menendez Campaign**

Mailing Address PO Box 761780

City	State	Zip Code
San Antonio	TX	78245

Purpose of Disbursement  
Contribution

Candidate Name

**TX Sen. Jose Menendez**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589568**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Konni Burton Campaign**

Mailing Address 5212 Elm Street

City	State	Zip Code
Colleyville	TX	76034

Purpose of Disbursement  
Contribution

Candidate Name

**TX Sen. Konni Burton**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589593**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Morgan Meyer Campaign**Mailing Address 3232 McKinney Ave  
Suite 660

City	State	Zip Code
Dallas	TX	75204

Purpose of Disbursement  
Contribution

Candidate Name

**TX Rep. Morgan Meyer**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589594**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 219 OF 219

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Rick Miller Campaign**

Mailing Address 3218 Oakland Dr

City	State	Zip Code
Sugar Land	TX	77479

Purpose of Disbursement  
Contribution

011

Candidate Name

**TX Rep. Rick Miller**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589595**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Ron Simmons Campaign**

Mailing Address 4000 Memorial Ct

City	State	Zip Code
Carrollton	TX	75010

Purpose of Disbursement  
Contribution

011

Candidate Name

**TX Rep. Ronald Simmons**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589596**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Texans for Trent Ashby**

Mailing Address PO Box 412

City	State	Zip Code
Lufkin	TX	75902

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Trenton Ashby**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

**Transaction ID : 38589597**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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50000.00
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